

NOTICE OF PRIVACY PRACTICES

CAREPOINTE EAR, NOSE, THROAT AND SINUS CENTERS

We consider it our great privilege to serve your medical needs and we value the trust you have placed in us. We are committed to safeguarding your patient information and providing you with options about how this information may be shared. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

I OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU.

In this Notice, we may describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. In addition, we may use and disclose PHI about you when referring you to another health care provider. For example, if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

Health Care Operations: We may use and disclose PHI in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency and cost of care that we provide to our patients. For example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provided to others.
- Providing training programs for students, trainees, health care providers to help them practice or improve their skills.
- Business planning and development, such as cost management analyses.
- Cooperating with various people who review our activities. For example, PHI may be seen by accountants, lawyers and others who assist us in complying with the law and managing our business.
- We may also disclose PHI for the health care operations of an "organized health care arrangement" in which we participate. An example of an "organized health care arrangement" is the joint care provided by a hospital and the doctors who see patients at the hospital.

- **Communication From Our Office:** We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Uses and Disclosures For Which You Have The Opportunity To Agree or Object.

We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, then we may make these types of uses and disclosures of PHI.

- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. We may also use and disclose PHI to notify such persons of your location or general condition. We also may use professional judgement and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up medicines, medical supplies or other things that contain PHI about you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT.

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Required By Law: We may use and disclose PHI as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury or disability
- To report disease or injury
- To report child abuse, neglect or domestic violence
- To locate and notify persons of recalls of products they may be using
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or in response to subpoenas or discovery requests.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

To Avert a Serious Threat to Health or Safety: We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person.

Disclosures required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions: You have the right to request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. We are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information; and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location such as an alternate address or phone number. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted. We are required to accommodate reasonable requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. According to Indiana State Law, we have the right to charge you a copying fee in the amount of \$15.00 for the first 10 pages and 25 cents for each additional page. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI please contact our Privacy Official.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to Receive an Accounting of Disclosures: You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years other than disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Official.

Right to a Paper Copy of This Notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us. To file a complaint with our office, please contact our Privacy Official. We will not be retaliated or take action against you for filing a complaint. You may also file a complaint with the Secretary of the United States Department of Health and Human Services.

V. PRIVACY OFFICIAL CONTACT INFORMATION: Mary McDonald, Privacy Official
Jennifer Bugajski, Deputy Privacy Official
99 East 86th Ave
Ste A
Merrillville, IN 46410
(219) 738-2617

This notice was published and first became effective on March 24, 2003