

## NOTICE OF PRIVACY & HIPAA PRACTICES

Effective August 1, 2020

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact Katherine Boettcher, Practice Administrator, at (410) 356-2626 ext. 104.

This HIPAA Notice of Privacy Practices (this “Notice”) describes our privacy practices.

### **OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor, or others working in this office. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

By law, we are required to:

- Maintain the privacy of your protected health information
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information.
- Abide by the terms of this Notice that are currently in effect
- Notify affected individuals following a breach of unsecured protected health information.

### **CRISP**

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org).

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** Information obtained by your health care provider in this office will be recorded in your medical record and used to determine the course of treatment that works best for you. The sharing of your health information may be shared to others involved in your health care such as another physician, hospital etc.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to, and payment collected from, you, an insurance company, or a third party. We may also inform your health plan about a treatment you might receive to obtain prior approval or authorization to determine if your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose health care information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed by risk management for quality improvement purposes in efforts to continually improve quality and effectiveness of the services our practice provides.

**Patient Portal:** If you sign up to use our self-service patient portal, we may use and disclose health information to contact you, provide you with health care information, refill medications etc.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number, cell phone number, or email address to contact you for this purpose.

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**Notification:** Your health information may be used to notify or assist family members, personal representatives, or other persons responsible for your care to enhance your well-being. The HIPAA communication form will be completed by patient and updated yearly.

**As Required by Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veteran:** If you are a member of the Armed Forces or have been separated or discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute if we receive satisfactory assurance that you have been given notice.

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official:

- as required by law to report certain wounds or physical injuries;
- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our facilities; or
- in emergency circumstances to report a crime; the location of the crime or victim(s); or the identity, description, or location of the person who committed the crime.

**Notice of Privacy Practices Availability:** The terms described in this notice will be posted where registration (check in and check out) occur. All individual receiving services will have the option to ask for a hard copy, as well as view on our website at [www.baltimoreent.com](http://www.baltimoreent.com).

### Your rights regarding health information about you:

You have the following rights regarding health information we maintain about you.

**Right to Inspect and Copy:** You have the right to inspect and to obtain a copy of your health information that may be used to make decisions about your care. Usually, this includes health and billing records.

To inspect and to obtain a copy of your health information that may be used to make decisions about you, you must submit your request in writing to the Practice Administrator. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. However, if your health information is kept electronically and you request an electronic copy of your health information, we will provide access in the electronic form and format requested by you if it is readily producible in such form and format; or, if not, we will provide a readable electronic form and format as agreed to by you and us.

We may deny your request to inspect and to obtain a copy of your health information in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice, but who did not participate in the original decision to deny access, will review your request and the denial. We will comply with the outcome of the review.



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## NOTICE OF PRIVACY & HIPAA PRACTICES

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment your request must be made in writing and submitted to the Practice Administrator, and must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for our practice;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If you elect to exercise your right to amend your health information, you will be provided with our office's Form to Request Amendment to Health Information.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we restrict a specified nurse from accessing your information, or that we not disclose information to your spouse about a surgery you had.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If the information is disclosed to a health care provider for emergency treatment, we will request that the health care provider not further use or disclose the information.

However, we must agree to your request to restrict disclosure of health information to your health plan if: (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (ii) the health information pertains solely to a health care item or service for which you, or a person on your behalf, has paid us in full. To request a restriction, you must make your request in writing to the Privacy Official on our Form to Request Restrictions. For example, in your request, you must tell us what information you want to limit and to whom you want the limits to apply.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Practice Administrator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this Notice at any time. To obtain a copy, please ask any staff member at the front desk.

**Changes to this Notice:** We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date.

**Complaints:** All complaints must be submitted in writing to the Practice Administrator. You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with:

The Centers for Advanced ENT Care:  
Chesapeake Ear, Nose, and Throat LLC  
Katherine Boettcher, Practice Administrator  
23 Crossroads Drive  
Suite 400  
Owings Mills, MD 21117

A complaint may also be filed with the Secretary of the Department of Health and Human Services of Maryland. The complaint must be filed with the Secretary within 180 days of when you know or should have known of the act or omission, unless this time limit is waived by the Secretary.

### **Authorization and Other Uses of Health**

**Information:** You will be required to sign an authorization to use or disclose your health information for certain marketing activities unless the communication is made face-to-face or involves a promotional gift of nominal value. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Please be aware that we are not able to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.