

## **Metropolitan Ear, Nose and Throat Associates**

### **Notice of Privacy Practice**

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.

#### **WHAT IS HEALTH INFORMATION?**

Each time that a service is provided or a procedure performed, even as simple as a routine blood pressure check, data and information are collected. This is health information or what is commonly referred to as information for or in the medical record or the patient record. Accurate, credible, and timely data and information are used by this facility as the basis for planning your care, as a means of having multiple healthcare providers know about your current health status, as a health legal document, as a record for billing purposes, as a source of data for research, planning, and marketing, as a source of required information for public health officials, and as a means to continue to protect the privacy of your health information and your individual dignity. On July 6, 2001, the U.S. Federal Government passed compliance regulations that mandate all healthcare facilities protect health information and inform consumers of the healthcare information practices of the facility.

#### **THE CONSUMERS HEALTH INFORMATION RIGHTS:**

This facility maintains a medical record for you containing medical information concerning you. With this in mind, you have the right to:

- Request a restriction on use and disclosure of health information, although the facility is not required to comply (45 CFR 164.522)
- Obtain a copy of this notice
- Inspect and receive a copy of your medical record (45 CFR 164.524)
- Amend your medical record (45 CFR 164.528)
- Obtain an accounting of disclosures of your medical record (45 CFR 164.528)
- Request your medical record by alternative means or location
- Revoke your authorization to use or disclose your health information except to the extent that action has already been taken

#### **THIS FACILITY'S RESPONSIBILITIES:**

This facility's mission of quality service and respect of the individual has always taken into account protecting health information privacy. Our responsibilities are to:

- Maintain the privacy of your health information
- Provide you with this notice of health information practices
- Notify you if we are unable to satisfy a request
- Accommodate all reasonable requests while maintaining quality care and respect for you
- Make you aware of all health information practice policy changes
- We will not use or disclose your health information without your approval except as stated in this notice.

#### **TO REQUEST FURTHER INFORMATION OR ASK QUESTIONS:**

If you would like further information or have questions, this facility employs Dr. Scott E. Celin as Privacy Officer (412-366-3889) and Kathleen E. Siker as Compliance Officer (412-366-3889).

If you believe that your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no penalty or retaliation for filing a complaint.

### **Examples of Permitted Types of Uses and Disclosures of Health Information:**

This facility may use or be required to use your health information without your authorization or consent for normal business activities as follows:

**For Care and Treatment:** Health information obtained by a healthcare practitioner such as a physician, nurse, or therapist, will be entered into your medical record and used to determine a plan of care. For example, healthcare members will write and read what others have written such that your care can be coordinated and everyone is aware of how you are responding to your treatment plan. When you are discharged from this facility, your health information may go with you so that future healthcare providers will have a record of your care. Your health insurer may disclose health information to the sponsor of the plan.

**For Billing and Payment:** Health information on a bill sent to an insurer may include health information. This health information is restricted to that which is needed for the financial transactions.

**For Healthcare Operations:** In order to provide quality care, healthcare providers at this facility may use your health information, for example, to analyze the care, treatment, and outcomes of your medical case and of others. This health information will be used to continually improve the care of the services that we provide to you.

**For Business Associates:** In order to provide quality care, this facility requires business services such as pharmacy, medical equipment, medical laboratories, etc.. These services will have use of your health information as it pertains to their service delivery. Also, please know that these business associates must follow our standards for protecting your health information.

**For Notification:** We may use or disclose health information, such as your general condition, to notify or assist in notifying a family member or person responsible for your care.

**For Communication:** We may use or disclose health information to family members or those that you deem responsible for your care, health information relevant to your care and their need to know.

**For Research:** We may disclose health information to researchers if they have appropriate consent forms and the research has been approved by our institutional review process. The researchers will be held to this facility's health information privacy standards.

**For Funeral Directors:** We may disclose health information to funeral directors in accordance with state laws and for professional purposes only.

**For Marketing Purposes:** We may contact you to provide information on appointment reminders or alternative treatments and services that may benefit you given your medical condition. This information would be used internally only.

**For the Food and Drug Administration:** As requested or required by the FDA, we may disclose health information relative to an adverse health condition related to food, food supplements, product and product defects related to food, or post marketing surveillance information to allow product recalls, repairs, or replacements.

**For Worker's Compensation Issues:** In compliance with Worker's Compensation laws, health information may be revealed to the extent necessary to comply with the law and your individual case.

**For Public Health Requirements:** As required by law, health information may be disclosed to public health or legal authorities for the jurisdiction of disease, injury, or disability prevention or control.

**For Correctional Institutions:** Should you be an inmate in a correctional institution, health information may be disclosed to the institution or its agents that would be necessary for your health and safety and the health and safety of other individuals.

**For Law Enforcement Agencies:** Health information may be disclosed to law enforcement agencies for purposes required by law or subpoena.

Other uses and disclosures are to be made with your written authorization and you may revoke such authorization at any time.

I have read and understood the above Notice of Health Information Practices. I recognize that this is a Federal Mandate that this facility must comply with.

MANUAL AND/OR ELECTRONIC SIGNATURE TO BE OBTAINED