

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)  
NOTICE OF PRIVACY PRACTICES UPDATED 2013

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

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**PURPOSE:**

This notice describes your privacy rights, this office's duty to maintain the privacy of your personal health information, and how this office may use or disclose that information with/without your written permission.

**YOUR PRIVACY RIGHTS**

You have following rights regarding the health information this office maintains about you:

- ❑ **Right to View or Obtain a Copy:** You may view and obtain a copy of the health information that this office has about you, in most situations. This office may require a written request for information.
- ❑ **Right to Amend:** You may request this office to correct certain information, including certain health information, about you if you believe the information is wrong or incomplete. This office requires a written request for an amendment. If this office denies your request to amend your health information, you may have a written disagreement placed in your record.
- ❑ **Right to Record of Disclosures:** You may request a record of your disclosed health information released for reasons other than treatment, payment, health care operations, and other reasons as provided by law, except those you have authorized or requested this office release.
- ❑ **Right to Request Restriction:** You may request a restriction or limitation of the medical information disclosed by this office for treatment, payment, or health care operations. Additionally, you may request a restriction/limitation of health information disclosed about you to someone involved in your care, payment for your care, such as a family member or friend. *However, this office is not required to agree to your request for restriction.*
- ❑ **Right to Request Confidential Communications:** Our office may attempt to contact you by phone, mail or email. You may request the method by which this office contacts you regarding your health information. Special confidential communication requests must be submitted in writing.
- ❑ **Right to a Paper Copy of this Notice:** You may obtain a copy of this Notice from this office.

**PRIVACY PRACTICES**

**TREATMENT, PAYMENT, HEALTH CARE OPERATIONS, COMMUNICATIONS**

**Treatment:** This office is permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this office is a specialist; therefore, this office may request your health information from your primary care physician, in order to better provide treatment. Also, this office may provide your primary care physician information about your particular condition so that he/she can appropriately treat you for other medical conditions, if any.

**Payment:** This office is permitted to use and disclose your health information to bill and collect payment for the services provided to you. For example, this office may complete a claim for to obtain payment from you insurer or HMO. The form will contain health information, such as a description of the health services provided to you, that your insurer or HMO needs to approve payment to us.

**Health Care Operations:** This office is permitted to use or disclose your health information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, this office may engage the services of a professional to aid this practice in its compliance programs. This professional will review billing and medical files to ensure this office maintains its compliance with regulations and the law.

**Communication:**

**Electronic Mail** - With patient consent, this office may communicate with the patient or patient's legally authorized representative via electronic mail (e-mail) for non-urgent matters through a secured mechanism. No information will ever be sent electronically without permission given by you or your legally authorized representative. This office cannot and does not guarantee the privacy or security of any message being sent over the Internet.

**Voice Message** - With patient consent, members of this office will make a good faith effort to only leave voice messages containing health information on patient approved telecommunication lines.

**DISCLOSURES THAT CAN BE MADE WITHOUT YOUR AUTHORIZATION**

There are situations in which this office is permitted by law to disclose or use your health information without your written authorization or an opportunity to object. In other situations this office will ask for your written authorization before using or disclosing any identifiable information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

**Public Health, Abuse or Neglect, and Health Oversight**

This office may disclose your health information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like birth and death), or injury by a public health authority. This office may disclose health information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. This office may disclose your health information to report reactions to medications, problems with products, or to notify people of recalls or products they may be using.

This office may also disclose health information to a public agency to received reports of child abuse or neglect. Texas law required physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

This office may disclose your health information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other law, such as civil rights laws.

**Legal Proceedings and Law Enforcement**

This office may disclose your health information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by law enforcement officials, this office may disclose your health information under limited circumstances provided that the information:

- Is released pursuant to legal process, such as a warrant or subpoena;
- Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and the office is unable to obtain the person's agreement;

- Is released because of a crime that has occurred on these premises; or
- Is released to locate a fugitive, missing person, or suspect.

This office may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

### **Worker's Compensation**

This office may disclose your health information as required by the Texas worker's compensation law.

### **Inmates**

If you are an inmate or under the custody of law enforcement, this office may release your health information to the correctional institution or law enforcement officials. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

### **Military, National Security and Intelligence Activities, Protection of the President**

This office may disclose your health information for specialized government functions such as separation or discharge from military services, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

### **Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors**

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, this office may release health information to researchers for research purposes. This office may release health information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, this office may release your health information to a coroner or medical examiner to identify a deceased or a cause of death. Further, this office may release your health information to a funeral director where such a disclosure is necessary for the director to carry out his/her duties.

### **Complaints**

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services (see contact information below). The office will not retaliate against you for filing a complaint with the government or us.

U.S. Department of Health and Human Services  
HIPAA Complaint  
7500 Security BLVD., C5-24-04  
Baltimore, MD 21244

### **Questions and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Alissa Downing  
Administrator  
Ear Nose & Throat Associates of Lubbock, P.A.  
3802 22<sup>ND</sup> Street, Suite 200  
Lubbock, TX 79410  
Phone: 806-791-0188  
Fax: 806-788-0470

*This office may change the privacy practices and this notice at any time and have those revised policies apply to all the protected health information maintained by this office. If or when the practices or notice change, the new notice will be posted in the office or online where it can be reviewed.*