

ATLANTA CHILDREN'S ENT, P.C.

(ACENT)

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and
Accountability Act of 1996 (HIPAA)

**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:

ACENT Privacy Officer, 3400C Old Milton Parkway, Suite 465, Alpharetta, GA 30005, (770) 777-1100

WHO WILL FOLLOW THIS NOTICE

- This notice describes our office practices and those of:
- Any healthcare professional authorized to enter information into your medical record.
- All employees, staff and other office personnel.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or hospital operations purposes as described in this notice.

OUR PLEDGE REGARDING YOUR PRIVACY

We understand that medical information about you and your health is personal. We promise to protect your individually identifiable health information (IIHI). In conducting our business, we create a record of the care and services you receive at our office. 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 or retained by ACENT. *We are required by law to keep your health information (IIHI) confidential and tell you about our privacy policy. We must obey our policies, though we can change them in the future.*

Although these laws are complicated, we must provide you with the following information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations regarding the use and disclosure of your IIHI

We reserve the right to revise or amend this Notice of Privacy Practices. Any revisions or amendment to this notice will be effective for all your records that we may create or maintain in the future. We will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe different ways that we use and disclose your health information. For each category of uses or disclosures we will explain what we mean and try to give 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 these categories.

1. **Treatment.** We may use your IIHI to provide you with medical treatment or services. We may disclose medical information about you to people who work in our practice – including, but not limited to, our doctors, physician assistants, audiologists, and nurses – in order to treat you or to assist others in your treatment. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. We also may disclose medical information about you to people outside the medical practice who may be involved in your medical care, such as your spouse, children, or parents. We may also disclose your IIHI to provide services that are part of your care, such as therapists or other physicians.
2. **Payment.** We may use and disclose your IIHI so that the services and items you receive from us may be billed to and payment may be collected from an insurance company, a third party, or you. For example, we may need to give your health plan information about treatment you received at ACENT so your health plan will pay us or reimburse you for the treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may also contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may disclose your IIHI to other health care providers and entities to assist in their billing and collections efforts.
3. **Healthcare Operations.** We may use and disclose your IIHI to operate our business. These uses and disclosures are necessary to run the medical practice and make sure that all of our patients receive quality care. For example, we may use your IIHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services ACENT should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other medical personnel for review and learning purposes. We may also combine the medical information we have with medical information from other ENT practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and healthcare delivery without learning the identities of specific patients.
4. **Appointment Reminders, Billing Activities, Laboratory and Diagnostic Test Results.** We may use and disclose your IIHI to contact you and remind you of an appointment and to discuss billing activities and laboratory and diagnostic test results.
5. **Treatment Alternatives.** We may use and disclose your IIHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
6. **Health-Related Benefits and Services.** We may use and disclose your IIHI to tell you about health-related benefits or services that may be of interest to you.
7. **Release of Information to Family and Friends.** We may release your IIHI to a friend or family member who is involved in your medical care, or who assists in your care. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to the child's medical information. This would include persons named in any durable health care power of attorney or similar document provided to us.
8. **Research.** Under certain circumstances, we may use and disclose your IIHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

9. **As Required By Law.** We will disclose your IHI when required to do so by federal, state, or local law.
10. **Patient Satisfaction Surveys.** We may use your IHI to periodically send you Patient Satisfaction Surveys unless you instruct us not to. ACENT contracts with external company to conduct the surveys and provide our practice with the results.
11. **To Avert a Serious Threat to Health or Safety.** We may use and disclose your IHI 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.
12. **Right to Provide an Authorization for Other Uses and Disclosures.** We will obtain your written authorization for uses and disclosures not identified by this notice or permitted by applicable law. If you provide us permission to use or disclose your IHI, you may revoke that permission, in writing, at any time. After you revoke your permission, we will no longer use or disclose your IHI for the reasons described in the authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain records of your care.

- **USE AND DISCLOSURE OF YOUR IHI IN CERTAIN SPECIAL SITUATIONS**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury, or disability;
 - To report child abuse or neglect;
 - To maintain vital records, such as births and deaths;
 - 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;
 - To notify the appropriate government agency(ies) and authority (ies) if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if patient agrees or when we are required or authorized by law to disclose this information.
 - To notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** We may disclose your IHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
3. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, We may disclose your IHI in response to a valid court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to inform you about the request or to obtain an order protecting the information requested.
4. **Law Enforcement.** We may release IHI if asked to do so by a law enforcement official:

- In response to a valid 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 ACENT; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
5. **Coroners, Medical Examiners, and Funeral Directors.** We may release IIHI to a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of the hospital to funeral directors as necessary to carry out their duties upon the request of the patient's family.
 6. **Organ and Tissue Donation.** We may release your IIHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
 7. **National Security and Intelligence Activities.** We may release your IIHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
 8. **Serious Threats to Health or Safety.** We may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
 9. **Military.** We may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 10. **Inmates.** We may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
 11. **Worker's Compensation.** We may release your IIHI for worker's compensation and similar programs.
 12. **Research.** We may use and disclose your IIHI for research purposes in certain limited circumstances. We may use your IIHI to determine whether you would qualify for research screenings and studies. We will obtain your written authorization to use your IIHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use and disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from the improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to the use of the PHI.

YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding IIHI we maintain about you:

1. **Right to Confidential Communications.** You have the right to request that ACENT communicate on a confidential basis with you about your health and related issues in a particular manner or at a certain location. For example, you may ask we contact you at home rather than work. In order to request a type of confidential communication, you must make a written request to **Privacy Official, 3400 Old Milton Parkway, Suite 465, Alpharetta, GA, 30005** specifying the requested method of contact, or the location where you wish to be contacted. We must accommodate **reasonable** requests. You are not required to provide us with an explanation for your request.
2. **Right to Inspect and Copy.** You have the right to see and get a copy your IIHI. This includes medical and billing records, but does not include psychotherapy notes and information compiled for use in a legal proceeding. You also do not have this right if you waived it during the course of any research program you are participating under. You must submit your request in writing to **Privacy Official, 3400C Old Milton Parkway, Suite 465, Alpharetta, GA, 30005**. If we have the information you request on site, we must act on your request within 30 days after we receive your request. If we do not have the information on site, then we must act on your request within 60 days. If we are unable to act within these limits, we can get another 30 days in which to act, but only if we inform you of the extension within the original 30 or 60 days and we give you our reasons for the delay in writing. You may request, or we may give you, a summary and explanation of the information instead of the information itself, but only if you agree to receive the summary and explanation and only if you agree to the fees for making the summary and explanation. If you request a copy of the information, we may charge a fee for the costs of copying (including supplies and labor) and postage and, if applicable, the cost to prepare an explanation or summary of the information. We may deny your request to inspect and copy medical information in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will conduct reviews.
3. **Right to Amend.** If you feel that medical information we have about you is wrong, you may ask us to change the information. You have the right to request an change for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to **Privacy Official, 3400C Old Milton Parkway, Suite 465, Alpharetta, GA 30005**. In addition, you must provide a reason that supports your request for amendment. We must act on your request within 60 days after we receive it. If we are unable to act within these 60 days, we can get another 30 days in which to act, but only if we inform you of the extension within the original 60 days and we give you our reasons for the delay in writing. If we make the changes you request, then we will need you to tell us who we need to inform of the change, and we will need your permission to inform them. There may be others we know of who relied on your information, and we may inform them of the change without your permission. We may deny your request if it is not in writing or does not include a reason for the change. In addition, we may deny your request if you ask us to amend information that in our opinion: (a) is accurate and complete; (b) is not part of the IIHI kept by or us; (c) is not part of the IIHI which you are permitted to inspect and copy; or (d) was not created by us, unless the person or entity that created the information is no longer available to make the amendment. If we deny your request, we will tell you why we denied it, and we will include the fact of your request in any future sharing of your information. You may also give us a written statement about your disagreement, and we will include your statement with any future sharing of your health information.
4. **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain non-routine disclosures we make that are not related to your treatment, your payment, or our healthcare operations. This list also excludes permitted disclosures mentioned in the other sections of this notice. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, we do not track when a doctor shares information with a nurse. We must act on your request within 60 days after we receive it. If we are unable to act within these 60 days, we can get another 30 days in which to act, but only if we inform you of the extension with in the original 60 days and we give you our reasons for the delay in writing. We must provide you with your first accounting in any 12 month period free. We may charge you a fee for any additional requests, but only if we tell you of the fees in advance and you have an opportunity to cancel or change your request to avoid or reduce your fee.
- To request this list or accounting of disclosures, you must submit your request in writing to **Privacy Official, 3400C Old Milton Parkway, Suite 465, Alpharetta, GA 30005**. Your request must state a time period that may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free of charge, but We will charge you for additional lists within the same 12-month period. We will notify you of the cost involved with additional requests, and you may choose to

remove or change your request at that time before any costs are incurred.

- 5. **Right to Request Restrictions**. You have the right to request a limit on our use or disclosure of your IIHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we limit our disclosure of your IIHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the **Privacy Official, 3400C Old Milton Parkway, Suite 465, Alpharetta, GA, 30005**. Your request must describe in a clear and concise fashion:
 - (1) what information you want to limit;
 - (2) whether you want to limit our use, disclosure, or both; and
 - (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- The agreement to limit our use or disclosure of your health information may be cancelled by you or us. If we cancel the agreement, we will tell you in writing, but it will only apply to information we receive after the cancellation.
- 13. **Right to a Paper Copy of This Notice**. You have the right to a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact **Privacy Official, 3400C Old Milton Parkway, Suite 465, Alpharetta, GA 30005** or print the notice from the practice web site at www.atlantachildrensent.com.
- 14. **Right to File a Complaint**. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with ACENT, contact **Privacy Official, 3400-C Old Milton Parkway, Suite 465, Alpharetta, GA 30005, (770) 777-1100**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
- 15. **Right to Provide an Authorization for Other Uses and Disclosures**. We will obtain your written authorization for uses and disclosures not identified by this notice or permitted by applicable law. If you provide us permission to use or disclose your IIHI, you may revoke that permission, in writing, at any time. After you revoke your permission, we will no longer use or disclose your IIHI for the reasons described in the authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain records of your care.
- Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Privacy Official, 3400C Old Milton Parkway, Suite 465, Alpharetta, GA 30005, (770) 777-1100**.

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• **CHANGES TO THIS NOTICE**

- **The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. We reserve the right to make the revised or changed notice effective for medical information that our practice has created or maintained in the past as well as any information we may create or maintain in the future. We will post a copy of our current Notice on our web site and in our Alpharetta office in a visible location at all times. The notice will contain on the first page, in the bottom right-hand corner, the effective date. You may request a copy of our most current Notice at any time.**