



## **PATIENT NOTICE OF PRIVACY POLICIES**

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

### ***Introduction***

At Alpharetta ENT Specialists LLC, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective January 1, 2024, and applies to all protected health information as defined by federal regulations

### ***Understanding Your Health Record/Information***

Each time you visit Alpharetta ENT Specialists LLC, a record of your visit is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool and educating health professionals
- A source of data for medical research
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others.

### ***Your Health Information Rights***

Although your health record is the physical property of Alpharetta ENT Specialists LLC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Obtain an electronic copy of your medical record
- Inspect and copy your health record. You must make your request in writing to: Danielle Courtney, Privacy Officer at Alpharetta ENT Specialists LLC-3400 Old Milton Parkway, C575, Alpharetta, GA 30005. We have up to 30 days to make your PHI available to you.
- Amend your health record.
- Obtain a notice of breach of PHI
- Obtain an accounting of disclosures of your health information

- Request to confidential communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Out of Pocket Payments-if you've paid out of pocket (OOP) for a specific item our service, you have the right to ask that your PHI, with respect to that item or service not be disclosed to a health plan for the purposes of payment or healthcare operations, and we will honor that request.

### ***Our Responsibilities to You***

Alpharetta ENT Specialists LLC is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information, we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied to us, or if you agree, we will email the revised notice to you.

We will not use or disclosure health information without your authorization except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in this authorization.

### ***For More Information or to Report a Problem***

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Danielle Courtney at 770-410-0202.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 200 Independence Avenue, S.W.  
 Room 509F, HHH Building  
 Washington, D.C. 20201

### ***How We May Use and Disclose Medical Information About You***

The following categories describe different ways that we use and disclose medical 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 and a category will be listed. However, all of the ways we are permitted to use and disclose information will follow within one of these categories.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, information obtained by a nurse, physician, or other member of

your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record actions they took based upon their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her and treating you once your discharged from our care. Different Alpharetta ENT Specialists LLC departments also may share medical information about you in order to coordinate the different things you need such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people not affiliated with Alpharetta ENT Specialists LLC, who may be involved in your medical care after you leave our practice such as family members, clergy or others involved in providing services that are part of your care.

**For Payment:** We may use and disclose medical information about your treatment services to bill and collect from you, your insurance company or a third-party payer. For example, we may need to give your health plan information about your surgery so that they will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** We may use and disclose medical information about you for our operations. These uses and disclosures are necessary for us to operate and make sure that all of our patients receive quality care. For example, in the course of quality assurance and utilization review activities, we may use medical information 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 several of our patients to decide what additional services we should offer and what services are not needed. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with the medical information from other health care providers to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

**Appointment Reminders:** We may use and disclose medical information and the contact information you have provided to contact you with appointment reminders. If we do not reach you, we will leave a message with an individual who answers the phone or leave a voicemail message. While email and text messaging may not be a secure method of transmitting information, if you elect for us to do so we may also send appointment reminders via text messages or email. The appointment reminders may include your name, the date, time, and location of the appointment, the name of the facility or entity, the name of the physician or other healthcare provider you have the appointment with and general information about the upcoming appointment.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options, or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities:** We may contact you as part of a fundraising effort.

**Directory:** Unless you notify us that you object, we will use your name, location within the facility, general condition and religious affiliation per directory purposes. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who was involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** We may disclose information to researcher's when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral Directors:** We may disclose health information to funeral director's consistent with applicable law to carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We must obtain your written authorization prior to most uses of health information for any marketing purposes or disclosures that constitute a sale of your health information.

**Business Associates:** There are some services provided to or on behalf of Alpharetta ENT Specialists LLC by third parties known as "business associates". One example is if a copy service is used when making copies of your health record. We may disclosure healthcare information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information. All Business Associates are required to sign a business associate agreement that details their operational guidelines for appropriately safeguarding your protected health information (PHI).

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

**Food and Drug Administration (FDA):** We may disclose to the FDA health information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the food and drug administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA regulated product or activity; (2) , prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) . Notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Public Health:** As required by law, we may disclosure health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Worker's Compensation or other similar programs established by law.

**Abuse, Neglect or Domestic Violence:** We may disclose protected health information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

**Health Information Exchange (HIE):** We may participate in certain HIE's in which your health information is electronically shared among your health care providers for treatment, payment or healthcare operations purposes to improve care coordination. Exchange of health information through an HIE is designed to allow providers to access her health information efficiently and securely. Participation in the HIE is voluntary and you may elect to opt-out by completing the op-out form available on our website or at the front desk and returning it to us. Please note that if you elect to opt-out, providers may not have the most recent information about you, which may affect your care. We will use reasonable efforts to limit the sharing of health information in the HIE if you opt-out. Submitting opt-out request to us will not recall your health information that has already been shared, stop other providers from sharing your health information with us, or prevented access to your health information by other permissible means. You can always opt back in to the HIE at a later date by revoking the opt-out form in writing. The revocation form is available on our website or at the front desk.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit, or dispute, we may disclose medical information about you in response to a 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 tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

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

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, view did have, material witness or missing person
- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the persons agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at Alpharetta ENT Specialists LLC locations
- 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.

**Data Breach Notification Purposes:** We may use or disclosure protected health information to provide legally required notices of the unauthorized access to or disclosure of your health information per applicable state or federal law

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.

**Inmates:** If you are an inmate of a correctional institution are under the custody of a law enforcement official, we may release medical information about you to the correctional institution, or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution.