

# LAFAYETTE OTOLARYNGOLOGY ASSOCIATES, INC.

## PATIENT NOTICE OF PRIVACY PRACTICES

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

LAFAYETTE OTOLARYNGOLOGY ASSOCIATES, INC. (The Office) is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. The Office is required by law to abide by the terms of this Notice.

### **HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:**

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you for coordination of your care with The Office staff, pharmacies, labs and other health care professionals who are involved in your care. Also it may be used by the business office to process your payment for the services rendered and by administrative personnel reviewing the quality of the care you receive.

**We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:**

#### **Appointment Reminders & Treatment Information.**

We may contact you to provide appointment reminders. We may contact you with information about test results, treatment alternatives or other health-related benefits and services that may be of interest to you.

#### **Disclosure to Department of Health and Human Services.**

We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

#### **Individuals Involved in Your Care or Payment for Your Care.**

Unless you object, we may release medical information about you to a friend, family member or individual appointed by you who is involved in your medical care or who helps you pay for your care.

#### **Health Oversight Activities.**

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

#### **Food and Drug Administration (FDA).**

We may disclose to the FDA health information related to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement

#### **Legal Proceedings.**

If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order.

#### **Law Enforcement.**

We may disclose your medical information for law enforcement purposes or other specialized governmental functions as required by law. We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law. Additionally, if you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

#### **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 (domestic or foreign).

#### **Coroners, Medical Examiners and Funeral Directors.**

We may disclose your medical information to a coroner, medical examiner or a funeral director.

### **Organ Donation.**

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

### **Health Care Operation.**

We may use or disclose your medical information to facilitate the function of the Office in such activities as quality assessment, improvement activities, training programs, maintaining compliance programs, business management, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services.

### **Public Safety, Health Risks and Emergencies.**

We may disclose medical information to the appropriate agency when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

### **Workers' Compensation.**

We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

### **Business Associates.**

We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

### **AUTHORIZATIONS:**

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. Send written request to:

*LAFAYETTE OTOLARYNGOLOGY ASSOCIATES, INC.; Attn: Privacy Officer, 2320 Concord Rd., Lafayette, IN 47909 PH: 765-477-7436*

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

You have the following rights with respect to your medical information:

- You may ask us to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical information made by The Office during the last six years (*or following April 14, 2003*), except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types.
- You may request a paper copy of this Notice of Privacy Practices for Protected Health Information.
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us or to obtain further information, please contact:

*LAFAYETTE OTOLARYNGOLOGY ASSOCIATES, INC.; Attn: Privacy Officer, 2320 Concord Rd., Lafayette, IN 47909 PH: 765-477-7436*

**THIS NOTICE IS EFFECTIVE AS OF : January 1, 2004**

### **REVISION OF NOTICE OF PRIVACY PRACTICES**

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at The Office and will make paper copies of the revised Notice of Privacy Practices available upon request.

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE**

I acknowledge that I have received the attached Privacy Notice and had an opportunity to ask questions concerning the Privacy Notice.

Date \_\_\_\_\_ Patient Name \_\_\_\_\_

Patient or Personal Representative \_\_\_\_\_

Printed

Patient or Personal Representative \_\_\_\_\_

Signature

Representative's relationship to the patient: \_\_\_\_\_

**DOCUMENTATION OF GOOD FAITH EFFORTS**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

The patient presented for his/her office visit/procedure on the date and was provided with a copy of LAFAYETTE OTOLARYNGOLOGY ASSOCIATES, INC's Privacy Notice. A good faith effort was made to obtain a written acknowledgment of receipt of the Notice. However, an acknowledge was not obtained because:

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