

## **Carolina ENT Notice of Privacy Practices**

**This notice describes how Carolina ENT may use and disclose your medical information and how you can obtain access to this information. Please review this carefully.**

**We are required by Federal Law to abide by the terms of this Notice of Privacy Practices and to supply our patients with a copy of this notice. Federal Law requires that patients must sign the acknowledgment form provided or forego treatment. Acknowledgment does not mean you agree with the notice only that you have received a copy of it.**

We reserve the right to change our notice, at any time. Any new provisions will be posted and effective for all Protected Health Information (PHI) that we maintain. CAROLINA ENT, PLLC will make a good faith effort to obtain from patients or patients' representatives a written acknowledgement of receipt of this notice.

If you have any questions about this Notice please contact our Privacy Officer, Debbie Gaynor.

This Notice of Privacy Practices (NPP) describes how we may use or disclose your protected information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. PHI is information about you, including demographic information that may identify you related to your past, present or future physical or mental health and related health care services.

### **Uses and Disclosures of Your Protected Health Information**

Carolina ENT is allowed by Federal law to use or disclose your PHI for the purpose of treatment, payment and health care operations without obtaining your written consent or authorization.

#### **Treatment may include:**

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between physicians, nurses, technicians, students, and other healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals nursing homes, foster care homes, or home health agencies'

For example, Carolina ENT may determine that you require the services of a specialist. In referring you to another doctor, Carolina ENT may share or transfer your healthcare information to that doctor.

#### **Payment activities may included:**

- Activities undertaken by Carolina ENT to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Account balances due to deductible, unauthorized services, non covered services, changes in insurance coverage or co-pay;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, Carolina ENT will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

#### **Healthcare operations may include:**

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcome evaluation and development of clinical guidelines;
- Business management and general administrative activities of Carolina ENT;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, Carolina ENT may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations. You will be asked to check in at our front desk by giving us your name. We may also ask you to verify your address and insurance information at that time. We will call you by name when we are ready to begin your treatment. We may use or disclose your protected health information, as necessary, to call to remind you of your appointment or to advise you that certain medical supplies or items you may have ordered or left with us are ready to be picked up. If you are not available when we call the information will be left with whoever answers the phone or on an answering machine. Our office may mail out appointment reminder cards or reminders that an appointment has been missed.

#### **Exceptions to Notice Requirement:**

- Despite the general rules explained above, Carolina ENT may disclose your PHI without providing you with this notification. In these emergency treatment situations or in some other circumstances that cause Carolina ENT to be unable to provide you with this Notice prior to treatment, the Notice will be provided to you as soon as reasonably practicable after such emergency treatment situation. In some cases other persons are legally authorized to acknowledge receipt of this Notice on behalf of the patient.

Carolina ENT may contact you to provide appointment reminders or information regarding treatment alternative or other health related benefits and services provided by our practice that may be of interest to you. You must notify us if you do not wish to receive appointment reminders either by mail or telephone.

#### **Other Uses and Disclosures For Which Authorizations is Not Required:**

In addition to using or disclosing PHI for treatment, payment, and healthcare operations, Carolina ENT may use and disclose PHI without written authorization under the following circumstances:

- **As required by law and law enforcement;** including situations when ordered to do so in a judicial or administrative proceeding, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot wounds and other wounds, about criminal conduct, to report a crime, the location of the crime or victims, or the identity, description, or location of a person who committed a crime, or for other law enforcement purposes.
- **For Public Health Activities and Public Health Risks;** including to disclosing PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reaction to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at high risk of contracting or spreading a disease or condition.
- **For Health Oversight Activities;** including disclosing PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, or other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.
- **To Avoid a Serious Threat to Health Or Safety;** including disclosing PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.
- **For Military Activity and National Security;** including disclosing PHI of military personnel and veterans under certain circumstances. Carolina ENT may also disclose PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities and for the provision of protective services to the President or other authorized persons or foreign heads of state, or to conduct special investigations.
- **Worker's Compensation;** including disclosing PHI in order to comply with Worker's Compensation laws and other similar legally established programs that provide benefits for work-related injuries or illnesses.

We may not disclose your PHI to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agency designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

#### **Your Rights in Relation to Protected Health Information**

The following is a statement of your rights with respect to your PHI and a description of how you may exercise these rights:

**You have the right to request a restriction of your PHI.** This means you have the right to request that Carolina ENT limits its use and disclosures of PHI in relation to treatment, payment, and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that Carolina ENT restrict the use

or disclosure of your PHI to family members or personal representatives. Any such requests must be made in writing to Carolina ENT and must state the specific restriction requested and to whom the restriction would apply. Carolina ENT is not required to agree to a restriction that you request. However, if Carolina ENT does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

**You have the right to request that communications involving your PHI be provided to you at an alternative location or by an alternative means of communication.** Carolina ENT is required to accommodate any reasonable request if the normal method of disclosure would endanger you, and that danger is stated in your request. Any such request must be made in writing to the Privacy Officer listed in this notice.

**You have the right to access your PHI.** You have the right to inspect and copy your PHI that is contained in a designated record set for as long as Carolina ENT maintains the protected health information. A designated record set contains claim information, premium & billing records, and any other records Carolina ENT has created in making claim and coverage decisions relating to you. Under Federal Law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed. Requests for access to your PHI should be directed to the Privacy Officer listed in this Notice.

**You have the right to amend your PHI.** You have the right to request that PHI in a designated record set be amended for as long as the plan maintains the PHI. The plan may deny your request for amendment if it determines that the PHI was not created by Carolina ENT, is not part of designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and Carolina ENT has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be directed to the Privacy Officer listed in this notice.

**You have the right to receive an accounting of disclosures.** You have the right to receive an accounting of all disclosures of your PHI that the plan has made, if any, for reasons other than disclosures for treatment, payment and health care operations, as described above, and disclosures made to you or your personal representative. Your right to an accounting of disclosures applies only to PHI created by the plan after April 14, 2003, and cannot exceed a period of six years prior to the date of your request. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Officer listed in this notice.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the plan or the Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Officer listed in this Notice. Carolina ENT will not retaliate against you for filing a complaint. Written request or complaints should be directed to:

Debbie Gaynor  
55 Vilcom Circle  
Chapel Hill, NC 27514

## **PRIVACY CONTACT**

You may contact the Privacy Officer for Carolina ENT, Debbie Gaynor, at (919) 945-1272.

## **EFFECTIVE DATE OF NOTICE**

This Notice published and becomes effective on April 14, 2003.

