

## NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices describes the privacy practices of ENT & ALLERGY SPECIALISTS, dba THE CENTER FOR SURGICAL CARE and CERTIFIED HEARING AID CONSULTANTS, INC. ("we", or "us" or "our"). Solely for the purposes described in this Notice, we are treated as a single "covered entity." This Notice will tell you about the ways in which we may use and disclose medical information about you. Your medical information, also referred to as "protected health information" or "PHI," is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health information and related health care services.

In this Notice, we also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information. We are required by law to:

- make sure that medical and other information that identifies you (protected health information) is kept private;
- give you this Notice of our legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of the Notice that is currently in effect.

### Privacy Notice Changes

We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. We will post a copy of the current Notice our facilities. An electronic version of the Notice is posted at <http://www.nkyent.com/> and at <http://www.nkyhearing.com/>

### Uses and Disclosures of Your Protected Health Information That Do Not Require Your Authorization

We may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

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

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

Payment activities may include:

- Activities undertaken by us to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- 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, we 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 outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, we 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 with similar situations.

### Other Uses And Disclosures Of Your Protected Health Information That Do Not Require Your Authorization

There are additional situations when we are permitted or required to use or disclose your protected health information *without* your consent or authorization. Examples include the following

- As permitted or required by law. In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.
- For public health activities. We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk or exposure. We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration when required by federal law. We may disclose healthcare records, except for HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.
- For health oversight activities. We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.
- Judicial and administrative proceedings. Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.
- For activities related to death. We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.
- **Data breach notification purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you and/or the Department of Health.
- **Additional restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:
  1. HIV/AIDS;
  2. Mental health;
  3. Genetic tests;
  4. Alcohol and drug abuse;
  5. Sexually transmitted diseases and reproductive health information; and
  6. Child or adult abuse or neglect, including sexual assault.
- For research. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
- To avoid a serious threat to health or safety. We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

- For workers' compensation. We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.
- Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, billing, legal services, etc. At times, it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, those business associates are required to appropriately safeguard the privacy of your information.
- We participate in an organized health care arrangement that includes St. Elizabeth Medical Center. We may disclose protected health information about an individual to the other participants in the organized health care arrangement for any health care operations activities of the organized health care arrangement.
- Disaster Relief. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- Confidentiality of Psychotherapy Notes. We must receive your authorization for any use or disclosure of psychotherapy notes, except: for use by the originator of the psychotherapy notes for treatment or health oversight activities; for use or disclosure by ENT & ALLERGY SPECIALISTS for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; for use or disclosure by ENT & ALLERGY SPECIALISTS to defend itself in a legal action or other proceeding brought by you; to the extent required to investigate or determine ENT & ALLERGY SPECIALISTS compliance with the HIPAA regulations; to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirement of such law; for health oversight activities with respect to the oversight of the originator of the psychotherapy notes; for disclosure to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- Confidentiality of Alcohol and Drug Abuse Records. Federal law and regulations protect the confidentiality of alcohol and drug program records. To the extent PHI in our possession contains information on your alcohol or drug use, it may not be disclosed without 1) your written authorization; 2) a court order; or 3) unless the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation. Federal law or regulations do not protect any information about a crime committed by you at our facility or about any threat to commit a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.
- If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

#### Uses And Disclosures Of Your Protected Health Information That May Require Your Authorization

There are situations when we may under certain circumstances use or disclose your protected health information either **without** your consent or authorization or **with** your consent or authorization:

- Marketing. We must receive your authorization for any use or disclosure of PHI for marketing. However, these activities do not constitute "marketing" and do not require an your advance authorization:
  - The communication is in the form of a face-to-face communication made to you personally
  - A promotional gift of nominal value we provided to you.
  - Sending you information related to your individual treatment, case management, care coordination or to direct or recommend alternative treatment, therapies, health care providers or settings of care. If we receive financial remuneration from third parties who may supply those products or services, to reimburse us for the cost of sending you that information, we will notify you of that fact and you may opt out of receiving these reimbursed communications.
- Sale of PHI. We must receive your authorization for any disclosure of your PHI which is a sale of PHI. Such authorization will state that the disclosure will result in remuneration to us.
- Appointment Reminders. We may use and disclose your medical information to contact you as a reminder that you have an appointment at the office. If you request that we make these communications confidentially, please contact our office in writing at the address shown below. We will accommodate all reasonable requests.
- Others Involved In Your Health Care. We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your medical care. If you are unable to agree or object to this disclosure, we may disclose such information as necessary if we determine that it is in your best interests based on our professional judgment. We may also use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death.

#### Use and Disclosure Requiring Your Authorization

Except for the instances described above, or unless specifically otherwise permitted by law, we will not use or disclose your PHI for any purpose other than treatment, payment and health care operations unless you have signed a form authorizing the use or disclosure. If you authorize us to use or disclose protected health information about you, you may revoke that permission, in writing, at any time, and we will no longer use or disclose protected health information about you for the reasons covered by your authorization. You understand that we are unable to take back any uses or disclosures we have already made with your permission, and that we are required to retain our records of the medical treatment or other services that we have provided to you.

#### Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by us to carry out treatment, payment, or healthcare operations. You must request such restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information. You have the right to require restrictions on disclosure of your protected health information to a health plan where you paid out of pocket, in full, for items or services; we are required to honor this request.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. We may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that we send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that we not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate all reasonable requests by you.

We must obtain an authorization from you for any disclosure of your protected health information for which the disclosure is in exchange for direct or indirect payment from or on behalf of a third person who is paying us for the protected health information. Your authorization will include a statement that you understand that the disclosure will result in payment to us. If the only payment we will receive is a reasonable, cost-based fee to cover the cost to prepare and transmit the protected health information for a purpose for which an authorization is otherwise not required, then your authorization is not required.

You have the right to request that we amend portions of your health records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by us for the six years prior to the date of the request, beginning with the disclosures made after April 14, 2003 and through December, 2012 (December 2013 in certain circumstances). We are not required, however, to record disclosures we made pursuant to a signed consent or authorization.

You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

Any person or patient may file a complaint with us and/or Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with us, please contact the Privacy Officer at the following:

ADMINISTRATION  
ENT & ALLERGY SPECIALISTS  
40 N Grand Ave, Suite 103, Ft Thomas, KY 41075

In the event of any Breach of Unsecured PHI, ENT & ALLERGY SPECIALISTS shall fully comply with the HIPAA Breach Notification Rule, which will include notification to you of any impact that Breach may have had on you and/or your family member(s) and actions ENT & ALLERGY SPECIALISTS undertook to minimize any impact the Breach may or could have on you.

It is our policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This notice of Privacy Practices is effective 8/22/13.