



## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

### **THIS NOTICE COVERS**

Elevate ENT Partners provides health care to ENT patients jointly with ENT physicians and other health care professionals and organizations. Elevate ENT Partners and the individual described below together are sometimes called “us” or “we” in this Notice.

The privacy practices described in this Notice apply to all Care Centers, departments, units and programs of Elevate ENT Partners, whether located on or off the main office, Care Centers, and will be followed by all employees, staff, trainees, students and other Care Centers personnel who have a need to use your health information to perform their job, including ENT physician members of Elevate ENT Partners and allied health professional while they are caring for you in the Care Centers and other medical facilities.

The individuals described above may share your health information with each other to carry out treatment, payment, or health care operation related to your care. This Notice explains generally how this Care Center and the individuals described above might share or disclose your health information.

## UNDERSTANDING YOUR HEALTH RECORD/INFORAMTION

Each time you visit an ENT Care Center, ENT physician, or other healthcare Provider, a record of your visit is made. Typically, this record contains your 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.
- 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 in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials' charges with improving the health of the nation.
- A source of data for Elevate ENT 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 understanding who, want, when, where, and why others may access your health information
- Make more information decisions when authorizing disclosure to others.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or Care Centers that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain users and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of information practice upon request

- Inspect and copy your health record as provided for in 45 CFR 164.528
- Amend your health record as provided in 45 CFR 164.528
- Request an accounting of disclosure of PHI as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request that we restrict certain disclosures of information in your health record to your health plan with respect to health care items or services for which you, or someone other than your health plan, have paid in full
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## OUR RESPONSIBILITIES

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a 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
- Notify you in the event that it has been determined that a breach of the privacy of your health information has occurred.
- Not disclose psychotherapy notes which are maintained by us without your authorization.
- Not disclose your health information under circumstances which would constitute a sale of such information under 45 CFR 164.508(a)(4) without your authorization.
- Not disclose your health information for marketing purposes without your authorization.

Although we may change our practices and to make the new provisions effective for all protected health information we maintain, if we do change our information practice, we will post a revised copy in our Care Centers offices and/or on our web site.

We will not use or disclose your health information without your authorization, except as described in this notice.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the Privacy Officer at 786-662-3226.

If you believe your privacy rights have been violated, you can file a complaint by contacting the Privacy Officer at 786-662-3226, or with the Secretary of Health and Human Services, Office of Civil Rights. There will be no retaliation for filing a complaint.

**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS**

**We will use your health information for treatment.**

**For Example:** Information obtained by a nurses, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physicians will document in your record his or her expectations of your healthcare team will then record the actions they took and 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 various reports that should assist him or her in treating you once your services have been completed at the Care Center(s).

**We will use your health information for payment.**

**For Example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as, your diagnose, procedures, and supplies used.

**We will use your health information for regular health care operations.**

**For Example:** Members of Elevate ENT Partners, our risk or quality improvement manager, or members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and other like it. This information will then be used to continually improve the quality and effectiveness of healthcare and ENT services we provide.

**Business Associates:** There are some services provided in our organization through contracts with business associates who create, receive, maintain, or transmit protected health information on our behalf. Examples include certain laboratory tests and transcription services. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and, if appropriate, bill you or your third-party payer for service rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information as specified by a contract that provides the information will be kept confidential.

**Business Decision Making:** We may combine medical information about many ENT Care Center patients in an overview to decide what additional services the Care Centers should offer, what service are not needed, and whether certain new treatments are effective. We also may disclose information to physicians, nurses, technicians, medical students, and other personnel for review and education. We may combine the medical information we have with medical information from other Care Centers to compare how we are doing and see where we can make improvements in the care and ENT 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 health care delivery without learning who the specific patients are.

**Directory/Registration:** Unless you notify us that you object, we will use your name, location such as which Care Center, general condition, and religious affiliation for registering 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.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person who is responsible for your care, of your location and general condition including during a disaster situation.

**Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friend or any other person you identify, health information to the extent that it is relevant to that person's involvement in your care or payment related to your care.

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

**Funeral Directors:** We may disclose health information to funeral directors 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.

**Minors:** We may disclose Protected Health Information of a minor children to their parents or guardians unless such disclosure is otherwise prohibited by law (Optional, only included if applicable).

**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.

**Fund Raising:** We may contact you as part of a fundraising effort. Your demographic data and dates of service may be provided to our institutionally related foundation for this purpose. You have the right to opt out of receiving such fundraising communications.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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

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

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.

**Correctional Institution:** Should you be an inmate of a correctional institution; we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law Enforcement:** we may disclose health information for enforcement purpose as required by law or in response to a valid subpoena.

**Military Activity and National Security:** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.

Federal law provides that an appropriate health oversight agency, public health authority or attorney may have access to your health information if a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise

violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

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