

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 this carefully.

I. Who We Are This notice describes the Privacy Practices of THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE and our employees. This notice applies to all of the medical records generated by any THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE facility or staff member and those records that are sent to any of our facilities.

II. Our Privacy Obligation We are required by law to maintain the privacy of your health information (PHI) and provide you with a description of our Privacy Practices. When we use or disclose PHI we are required to abide by the terms of this Notice or any other Notice in effect at the time of the use or disclosure.

III. Electronic Health Records THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE uses an electronic health record (EHR) system to store and retrieve much of your PHI. One of the advantages of THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE's EHR is the ability to share and exchange health information among THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE personnel and other community health care providers who are involved in your care. When THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE enters your information into the EHR, it may share that information by using shared clinical databases or health information exchanges. THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE may also receive information about you from other health care providers in the community who are involved with your care by using shared databases or health information exchanges. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

IV. Uses and Disclosures With Your Consent or Authorization

- A. Use and Disclosure With Your *Consent*.** Before we provide medical care, except in an emergency or other special circumstances, we will ask you to read and sign a written consent ("Your Consent") form, authorizing us to use and securely disclose your health information for the following purposes:
- 1) To provide treatment
 - a) We may use your medical information to provide treatment or other services. We may disclose your medical information to health care professionals who are involved in your care. For example, a doctor treating you for a broken leg needs to know if you have diabetes because diabetes may slow the healing process.
 - 2) To obtain payment for services
 - a) We may use and disclose medical information about you for billing purposes. For example, we may need to give your insurance company information about your surgery. We may also tell your health plan about the treatment you are going to receive to determine whether your plan will cover it. If paying "cash" see section 6B.
 - 3) To support health care operations such as quality improvement and customer service, as described below:

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a) We may use and disclose your medical information for health care system operations. For example, members of the medical staff and/or quality improvement teams may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to support our ongoing efforts to continually improve our quality of care. We may also use medical information about patients to evaluate the need for new services. We may disclose information to doctors, nurses, and students for educational purposes. And we may combine patient medical information with that of others to see where we can make improvements. In this case, to protect your privacy, we will remove all identifiable information.

B. Use or Disclosure With Your Authorization. As described above, Your Consent only permits us to use your health information to treat you, receive payment for services, and for health care operations. We may use or disclose your health information for any reason other than these only when (1) you authorize us to use or disclose this information by signing an Authorization Form ("Your Authorization") or (2) there is an exception described in Section V below.

V. Uses and Disclosures Without Your Consent or Authorization

- A) Use or Disclosure of Health Information Without Your Consent or Authorization.** At THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE, we may use or disclose your health information without your consent or your authorization under the following circumstances: (1) when you require emergency treatment (2) when we are required by law to disclose your health information, and (3) when we attempt to obtain your consent but are unable to do so because you are unconscious or otherwise incapacitated and we reasonably infer that you would have consented without these barriers to communication.
- B) Disclosures to Individuals Involved in Your Care or Payment for Your Care.** We may release relevant health information about you to a friend or family member who is involved in your medical care or helps pay for your care.
- C) Disaster Relief Efforts.** We may disclose your medical information to an organization (e.g., Red Cross) assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- D) Marketing Communications.** We may use or disclose your health information to identify health-related services and products that may be beneficial to your health and we may contact you about these services and products. Any marketing that THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE accomplishes requires authorization, except: face-to-face, refill and general health reminders, and governmental notices.
- E) Business Associates.** Some of our services may be provided through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. We require that our business associates protect your health information just as we do.
- F) Public Health Activities.** We may disclose health information for the following public health activities and purposes: (1) to report health information to public health authorities for the purposes of preventing or controlling disease, injury, or disability, as required by law and public health concerns; (2) to report suspected abuse, neglect, or exploitation of children or vulnerable adults to public health authorities or other government authorities authorized by law to receive such reports;

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(3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition; and (5) to report information to your employer as required by law.

- G) **Health Oversight Activities.** We may disclose your health information to a health oversight agency that ensures that THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE is complying with the rules of government programs such as Medicare and Medicaid.
- H) **Judicial and Administrative Proceedings.** We may disclose your health information in the course of a judicial or administrative proceeding if we receive a legal order or other lawful process requiring us to disclose your health information.
- I) **Law Enforcement Officials.** We may disclose your health information to law enforcement officials as required by law or in compliance with a court order. We may also disclose limited health information to police or law enforcement officials for identification and location purposes and to assist in criminal investigations.
- J) **Health or Safety.** We may disclose your health information if we reasonably believe that disclosure would prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- K) **Medical Examiner.** We may disclose your health information to a medical examiner as authorized by law.
- L) **Organ and Tissue Procurement.** We may disclose your health information to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- M) **Research.** We may use or disclose your health information without your consent or authorization to researchers when an institutional review board has approved a waiver of authorization for disclosure and the researcher has established protocols to ensure the privacy of your health information.
- N) **Workers Compensation.** We may disclose your health information as necessary to comply with the GEORGIA Workers Compensation Statute.
- O) **Inadvertent Disclosure:** If the situation arises where we have an inadvertent disclosure of your PHI, you will be notified by our office via U.S. Mail.

VI. Your Individual Rights For Further Information:

- A) **Complaints.** If you want further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we have made about your health information, you may contact THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE HIPAA Security Manager by calling 478-743-8953. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. Upon request, the HIPAA Security Manager will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with the Director or with us.
- B) **Right to Request Additional Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. If you wish to request a restriction or limitation, you should discuss your request with your provider. While we will consider all requests for restrictions carefully, we are not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide you emergency treatment.

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Additionally, if you are paying cash, with zero involvement from an insurance provider, you may request that we not disclose any information about your visit to the insurance company. You will need to make this request with THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE manager.

- C) **Right to Receive Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. Mail. If you wish to receive confidential communications, you should discuss your request with THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE registration staff. We will consider all requests for confidential communications carefully and will honor reasonable requests.
- D) **Right to Inspect and Copy Your Health Information.** You have the right to obtain a copy of your medical information. Usually this includes medical and billing records, but does not include psychotherapy notes. Under very limited circumstances, we may deny you access to your medical record file. If you are denied access to your medical information, you may request that the denial be reviewed. A licensed health care professional chosen by THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE will review your request and the denial. This person will not be the person who denied your request. We will comply with the decision of the reviewer. If you request a copy or copies of your record, you will be charged a fee for each copy. You may also receive a copy of your records in electronic format or via our patient portal if applicable.
- E) **Right to Amend Your Records.** If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. While we will review each amendment request carefully, THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE may deny your request if we believe that the information that you would like to amend is accurate and complete, or other circumstances apply. If your request for an amendment is denied, you will be notified of the reason for the denial.
- F) **Right to Receive a Paper Copy of This Notice.** Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive this Notice electronically. Additionally, this notice is available on our website.

VII. Effective Date and Duration of This Notice

Effective Date. This Notice describes the privacy policy of THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE that became effective on July 1, 2013.

Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new terms effective for any information created or received prior to issuing the new notice. We will post the new Notice in waiting areas or registration areas at all THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE facilities and on our Internet site at www.theentcenter.com. You may also obtain a new notice by contacting THE ENT CENTER OF CENTRAL GA, CENTRAL GA HEAD & NECK AND GEORGIA HEARING INSTITUTE at 478-743-8953 or 1-800-253-8953.