

TALLAHASSEE EAR, NOSE & THROAT - HEAD & NECK SURGERY, P.A.

Notice of Patient Privacy

Tallahassee Ear, Nose & Throat-Head & Neck Surgery, P.A. is required by the 1996 Health Insurance Portability & Accountability Act to distribute this Notice of Patient Privacy.

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED; AND HOW YOU MAY ACCESS THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Introduction

At Tallahassee Ear, Nose & Throat-Head & Neck Surgery, P.A., we are committed to responsibly treating and using protected health information. This Notice of Patient Privacy describes the personal information we collect; and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Tallahassee Ear, Nose & Throat-Head & Neck Surgery, P.A a paper and/or an electronic record of your visit is created. Typically, this record contains your symptoms, examination, diagnoses, treatment, and a plan for future care or treatment. This information, referred to as your medical record, serves as a:

- Basis for planning your care and treatment,
- Legal document describing the care you received,
- Means of communication among the many health professionals who contribute to your care,
- Means by which you or a third-party payer can verify that services billed were actually provided, and
- A tool which is used to analyze and improve our care outcome.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Tallahassee Ear, Nose & Throat-Head & Neck Surgery, P.A the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Receive confidential communications,
- Request in writing to inspect and copy your health record (45 CFR 164.524), as the law allows.
- Request in writing to amend or submit corrections of your health record as provided in (45 CFR 164.528). A request may be accepted or denied upon review.
- Obtain an accounting of disclosures of your health information (45 CFR 164.528),
- Request in writing communications of your health information by alternative means or at alternative locations,
- Request in writing a restriction on certain uses and disclosures of your information (45 CFR 164.522), and
- Revoke authorization to use or disclose health information except where that action has already been taken.

Our Responsibilities

Tallahassee Ear, Nose & Throat-Head & Neck Surgery, P.A is required to:

- Abide by the terms of this notice,
- By law maintain the privacy of protected health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests to communicate health information by alternative means or locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. A revised policy will be posted in the lobby. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, contact the practice's Privacy Officer, at (850) 877-0101. If you believe your privacy rights have been violated, you may file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is: *Office for Civil Rights; U.S. Department of Health & Human Services; 200 Independence Avenue, S.W.; Room 509F, HHH Building; Washington, D.C. 20201.*

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your health care 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 referring and/or primary care physician or a subsequent health care provider with copies of various reports that should assist in your treatment. If you submit to OSHA testing, your results will be sent to the facility where the testing took place.

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 diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, and the risk or quality improvement team, may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. Occasionally, we offer training/shadowing opportunities to other professionals who are bound by our confidentiality standards.

Funeral directors: We may disclose health information to funeral directors consistent with the law.

Business Associates: At times there are services from our practice where we use people that are contracted. We may disclose your health information to our business associates if it relates to payment, treatment or operations. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Public health & Worker's Compensation: 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.

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 law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that 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.

Tallahassee Ear, Nose & Throat-Head & Neck Surgery, P.A. Operating Procedures

In order to provide you with the best medical care in an efficient office setting we will be operating with the following procedures:

Patient Arrival: When you arrive you will be asked to complete a demographic profile and provide us a copy of your insurance card. Upon your return visit demographics and insurance information will be verified. Occasionally, you will be asked to update your profile. When the provider is ready to see you as a patient you will be called by name from our lobby.

Patient Authentication: When communicating over the phone, regarding your health care or billing, we will ask you to provide your full name and date of birth so that we may verify your identity or those who you granted permission.

Confirmations: Prior to your appointment we will contact you via phone to remind you of your appointment. If you are not available we will leave a message, either with the person who answers the call, the answering machine, or voicemail. We will do the same if we are contacting you regarding appointment details related to a test that you may need to schedule outside our office (i.e.: MRI).

Missed Appointments: An established patient who misses a scheduled appointment may be mailed a postcard to inform you of a missed appointment. The postcard may include our office name, the date of the appointment and the name of the provider.

Test Results: If there is a need for communication regarding your test results and you are not available, we will leave a message either with the person who answers the call, the answering machine, or voicemail.

Respect: We expect our patients to respect the privacy of other patients. If you obtain information about another patient you are to notify us immediately so that we can take corrective action.

Appointment Reminders: If it is time for you to make a routine office visit (i.e.: 6 month check-up, annual check-up) you may be mailed a postcard informing you to contact us to make an appointment. The postcard may include our office name, the physician's name, and the fact that it is time for you to make a follow-up appointment.

Newsletters: Periodically you may receive a newsletter from our office. If you wish not to receive this newsletter, please inform our Privacy Officer in writing.

TENT Procedures: If there are any procedures or information in this notice that you would like us to discontinue you will be responsible for placing your request in writing to the Privacy Officer at Tallahassee Ear, Nose, & Throat-Head & Neck Surgery, P.A.

Complaints: As mentioned previously in this notice, you may notify in writing the Privacy Officer at Tallahassee Ear, Nose & Throat-Head & Neck Surgery, P.A., or contact the Office of Civil Rights if you have a complaint. Disputes not resolved by the complaint procedure shall be resolved by binding arbitration in Tallahassee, Florida under the rules of the American Arbitration Association with each party responsible for its own attorney fees and costs.

Acknowledgment: You will be asked to sign that you have received this Patient Privacy Notice. You may give us permission in writing to disclose or release Protected Health Information to specific individuals.



TALLAHASSEE EAR, NOSE & THROAT - HEAD & NECK SURGERY, P.A.

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I have received a copy of the Patient Privacy Notice (Form HPPN1) from Tallahassee, Ear, Nose & Throat-Head & Neck Surgery, P.A. Listed below are the individuals that I give permission to Tallahassee, Ear, Nose & Throat-Head & Neck Surgery, P.A. to review or discuss my medical/financial issues. My emergency contact is given below.

I understand that for this medical practice to communicate with anyone regarding my medical files or financial account I must list them on this form. I also understand that if the patient is under 18, the parents must be listed on this form.

Patient's Name _____ Date of Birth _____

Name: _____ DOB: ___/___/___ [] Medical [] Financial [] Emergency Phone: _____

Relationship: (please circle one) Spouse Mother Father Adult Child Step-Parent Legal Guardian Grandparent Sibling Other _____

Name: _____ DOB: ___/___/___ [] Medical [] Financial [] Emergency Phone: _____

Relationship: (please circle one) Spouse Mother Father Adult Child Step-Parent Legal Guardian Grandparent Sibling Other _____

Name: _____ DOB: ___/___/___ [] Medical [] Financial [] Emergency Phone: _____

Relationship: (please circle one) Spouse Mother Father Adult Child Step-Parent Legal Guardian Grandparent Sibling Other _____

I understand that if I need to change my contacts it is my responsibility to request it in writing to the Privacy Officer.

Patient Signature (if under 18, the parent or legal guardian's signature is required)

INTERNAL USE ONLY: _____ Employee Signature Date Names Entered