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## ***Notice of Health Information Practices***

**PLEASE READ CAREFULLY. THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY RICHMOND ENT, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.**

### **HIPAA and Your Medical Records**

This notice defines your rights under the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Every time you visit your physician, hospital, or any other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for your future care or treatment. This information is a legal document and is referred to as your medical record. It serves as:

- A basis for planning your care and treatment and a tool for educating healthcare professionals
- A source of data for facility planning, marketing and quality improvement initiatives as well as for medical research
- A means of communicating among the healthcare professionals who contribute to your care
- A means by which you or a third party payer can verify that services billed were actually performed

Understanding what is in your medical record and how your health information is used helps you to:

- Ensure its accuracy and to make more informed decisions when authorizing disclosures to others
- Better understand who, when and why others may access your health information

When you visit our office for the first time, we will ask you to read and sign an authorization allowing us to release (disclose) your medical information to physicians, laboratories, pharmacies, x-ray departments, hospitals, billing departments, insurance companies and other person(s) directly involved with your *treatment, payment or routine business operations* (TPO) related to your care. We will release the minimal amount of information needed for any given request.

### **Patient Rights**

**Advanced Otolaryngology, P.C.** is now doing business as “**Richmond ENT.**” The name Richmond ENT will be used henceforth in this document to represent the medical practice originally incorporated as “Advanced Otolaryngology, P.C.”

Although your medical record was compiled by and is the property of Richmond ENT, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information. For example, you may request that we **not** discuss cosmetic surgery with your primary care physician.
- Obtain a paper copy of this *Notice of Health Information Practices* upon request.
- Inspect and copy your medical record. You must sign an authorization form, and according to Virginia law we have 15 days to comply with your request. We may charge a retrieval fee and price-per-page for photocopies.

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- Request corrections to your medical record if you feel that information is lacking or incorrect. We can deny the request; however, we must notify you within sixty days of the denial.
- Obtain an accounting of disclosures of your medical record.
- Request confidential communication of your health information by alternative means or certain locations. For example, you may ask that we only leave messages on your work voicemail.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

Richmond ENT is required to:

- Maintain the privacy of your health information and abide by the terms of this document.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you (the document you are reading).
- Notify you within sixty days if we are unable to agree to a requested restriction or medical record change.
- Accommodate reasonable requests to communicate health information by alternative means.

Richmond ENT reserves the right to update this policy in order to remain current with applicable law. We will not disclose your health information (TPO) without your authorization, except as described in this notice. For disclosures of information not related to TPO, such as employment physicals, insurance underwriting, marketing, teaching or research, we will need your permission each time for the specific disclosure requested. You may refuse permission and continue treatment.

Should you have questions or want more information, you may contact our office manager at 804-330-5501. If you believe your privacy rights have been violated, you can file a complaint with our office manager or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Examples of Disclosures for Treatment, Payment, and Health Operations**

#### **Treatment**

Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your medical record and will be used to determine the course of treatment that will be best for you. Your physician will include in your medical record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record actions that they took and their observations. This way, your physician will know how you are responding to treatment. We will also provide your primary care physician or a subsequent healthcare provider with copies of your records that should assist him or her in your treatment.

#### **Payment**

A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include copies of your medical record or other information that identifies you, as well as your diagnosis, procedures, and supplies used.

#### **Operations**

**Quality Improvement:** Members of the medical staff, the risk or quality improvement manager or members of the quality improvement team may use information in your health record to access the care and outcomes in your case and others like it. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

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**Scheduling:** You will be asked to sign in at the reception desk on the day of your appointment. We may use and disclose health information when we contact you to remind you of future appointments. Contact can be in the form of emails, phone calls and written reminders.

**Emergencies:** We may disclose health information about you in a disaster relief effort or in any other emergency situation so that your family can be notified about your condition, status and location.

**Business Associates:** There are some services provided at *Richmond ENT* through contracts with business associates. In particular, Physician's Hearing Aids is a business associate that contracts with Richmond ENT to provide space, equipment, personnel, and medical supervision to the hearing aid business. Other examples include radiology, pathology, laboratory, and anesthesiology. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to safeguard your information.

**Communication with Family:** The physician, using his or her best judgment, may disclose to a family member, other relatives, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We may also disclose information to notify or assist in notifying a family member, or another person responsible for your care and general condition.

**Funeral Directors, Coroners and Medical Examiners:** We may disclose information to funeral directors, coroners and medical examiners consistent with applicable law to carry out their duty.

**Organ procurement organizations:** We may disclose health information, consistent with applicable law, to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation or transplant.

**Workers Compensation:** We may disclose health information to comply with laws concerning workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability to prevent a threat to your health or safety or that of public or other person.

**Investigational and Governmental Activities:** We may disclose health information to a state, local or federal agency for activities authorized by law such as audits, investigations, inspections and licensure.

**Lawsuits and Disputes:** We may disclose health information in response to a court order. We may also disclose health information in response to subpoena, discovery request, or other lawful process by someone else involved in a dispute. We may also use the health information to defend ourselves or other member of Richmond ENT in any actual or threatened action.

**Correctional Institution:** Should you be an inmate, we may disclose to the institution or agents thereof, health information necessary for your treatment and the health and safety of others.

**Law Enforcement:** Federal law makes provisions 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. When issued a valid subpoena, warrant summons or other legal process, we will disclose health information for law enforcement purposes. If asked to do so by law enforcement official, we may release health information about any criminal activity at Richmond ENT or in emergency circumstances report a crime.

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### **Parents and Minors**

Parents are allowed to obtain records of their minor child. However, the Privacy Rule does not preempt state law. Information shared between a physician and a minor with the parent's consent is not available to the parent under this Act.

### **Health-Related Communications and Marketing**

We may contact you with appointment reminders or information regarding treatment alternatives or other health related benefits and services that may be of interest to you. Richmond ENT may not give away or sell patient lists without obtaining authorization from each person on the list. When a list is provided to a Business Associate ("BA"), the BA must agree to use the list only for the purpose of marketing for Richmond ENT. The list cannot be used by the BA for the BA's own purposes (e.g., marketing another product or service for another entity). Richmond ENT must offer individuals the ability to opt-out of further marketing communications.

We can "market" a product or service if the following applies:

1. The marketing is done person to person during an office visit.
2. Marketing is done for a product or service of normal value.
3. A health-related product or service is being marketed.
4. Richmond ENT is identified as the entity responsible for marketing.
5. The individual is given the option to opt-out of future marketing.
6. The individual must be told if they were targeted based on health status.
7. The individual must be told if Richmond ENT is being compensated (in any way) for marketing.

### **Research**

Authorization for research is not required if the patient's name and other identifying information is not made available. If identified information must be used, then permission must be obtained from the participant. If authorization by the research participant is not possible, Richmond ENT must do one of the following:

1. Obtain approval from an Institutional Review Board or Privacy Board for an alteration or waiver of research participant's authorization. Richmond ENT may disclose health information once the Institutional Review Board or Privacy Board provides a documented waiver or alteration of authorization.
2. Obtain written or oral representation from the researcher that health information will be used solely for research purposes, that the health information is necessary for the research and that the health information will not be removed from Richmond ENT.

If you have any questions about this policy, please ask us during your visit, or call 804 330-5501.