

# **NORTH VALLEY EAR, NOSE AND THROAT ASSOCIATES, PC.**

## **Notice of Privacy Practices for Protected Health Information**

### **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 office is required by a federal regulation, known as the HIPAA Privacy Rule, to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described in this Notice.

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information (PHI) is the information we create and obtain in providing our services to you. The health information about you is documented in a medical record and on a computer. (Examples of use of your PHI would be a nurse obtaining treatment information about you and recording it in your chart, a bill submitted to your insurance company for services rendered and/or when an outside medical transcription service is utilized by our practice in order to complete your medical chart.)

#### **Your Health Information Rights**

The health and billing records we maintain are the physical property of the doctor's office. The information in it, however, belongs to you. You have a right to:

Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office—we are not required to grant the request but we will comply with any request granted;

Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office;

Request that you be allowed to inspect and copy your medical record and billing record—you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request;

- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your medical record be amended to correct incomplete or incorrect information by delivering a written request, including a reason to support it, to our office using the form we provide to you upon request. (We are not required to make such amendments);
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. We may charge a cost-based fee for more than one accounting in a 12-month period.
- Request that confidential communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we provide to you upon request; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact a staff member of North Valley Ear, Nose and Throat Associates at (602) 688-6500, 3805 E. Bell, Suite 5800, Phoenix, Arizona 85032-2160 in person or in writing, during normal business hours. Our staff will provide you with assistance on the steps to take to exercise your rights.

#### **Our Responsibilities**

This office is required to:

Maintain the privacy of your health information as required by law; provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you; abide by the terms of this Notice; notify you if we cannot accommodate a requested restriction or request; and accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

### **To Request Information or File a Complaint**

If you have questions, would like additional information, want to report a problem regarding the handling of your information, or if you believe your privacy rights have been violated and wish to file a written complaint with our office, please contact a staff member at North Valley Ear, Nose and Throat Associates at (602) 688-6500, 3805 E. Bell, Suite 5800, Phoenix, Arizona 85032-2160. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

### **Other Disclosures and Uses We Can Make Without Your Written Authorization**

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.
- We may disclose your health information to funeral directors, medical examiners, or coroners consistent with applicable law to allow them to carry out their duties.
- If you are seeking compensation through Workers' Compensation, we may disclose your health information to the extent necessary to comply with laws relating to Workers' Compensation.
- As required by law, we may disclose your health information to public health authorities or law enforcement agencies.
- We may use and disclose your health information by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
- We may disclose your health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.
- Other uses and disclosures of your health information besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided in this Notice.
- This Notice will be on our website at [www.northvalleyent.net](http://www.northvalleyent.net)

**Original Effective Date:** April 14, 2003

Effective Date of Last Revision (if any): 4/2011