

E.N.T. ASSOCIATES OF WORCESTER, INC.

Notice of Information (Privacy) Practices

Patient Privacy

At ENT Associates your privacy is a priority. We follow strict federal and state guidelines to maintain the confidentiality of your medical information.

How do we use Medical Information?

When you visit ENT Associates we use your medical information to treat you, to obtain payment for services, and to conduct normal business known as health care operations.

Examples of how we use your information include:

TREATMENT - We keep a record of each visit/treatment. This record may include your test results, diagnoses, medications, and your response to medications and other therapies. This allows your doctor, nurses and other clinical staff to provide the best care to meet your needs.

PAYMENT - We document the services and supplies you receive at each visit so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require their prior approval.

HEALTH CARE OPERATIONS - Medical information is used to improve the services we provide, to train staff and students, for business management, performance improvement, and for customer service.

Other Services

We may also use information to:

- Recommend treatment alternatives.
- Tell you about health benefits and services.
- Communicate with other Health Care Organizations or associates for treatment, payment, or health care operations. Business associates must follow our strict privacy rules.
- At your request/with your permission, communicate with family or friends involved in your care.
- Send appointment recall reminders.

Information we share

There are limited times when we are permitted or required to disclose medical information without your signed permission.

These situations are listed below:

- For public health activities such as tracking diseases or medical devices.
- To protect victims of abuse or neglect.
- For federal and state health oversight activities such as fraud investigations.
- For judicial or administrative proceedings.
- If required by law or for law enforcement.
- To coroners, medical examiners and funeral directors.
- To avert serious threat to public health or safety.
- For specialized government functions such as national security and intelligence.
- To Workers' Compensation if you are injured at work.
- To a correctional institution if you are an inmate.
- For research following strict internal review to ensure protection of information.

All other uses and disclosures, not previously described, may only be done with your signed authorization. You may revoke your authorization, in writing, at any time.

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Disclosures that require Authorization

Certain disclosures and uses of protected information will require your authorization. They include:

- Psychotherapy notes. (The notes of a mental health professional that are separate from the record.)
- Any information the office will use for marketing.
- Any sale of the office's patient information.

Our Responsibilities

ENT Associates is required by law to:

- Maintain the privacy of your medical information.
- *Notify* you in writing if or when a breach in your protected information occurs
- Provide this notice of our duties and privacy practices.
- Abide by the terms of the notice currently in effect.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be posted in our facilities and available for you.

Your Rights

You have the right to:

- Request that we restrict how we use or disclose your medical information. (We may not be able to comply with all requests).
- Request that we use a specific telephone number or address to communicate with you.
- Request in writing to inspect your medical record.
- Request, in writing with your authorization for release, a copy of your medical information (fees may apply).
- Request, in writing, additions or corrections to your medical information (reason required).
- Request in writing and receive an accounting of how your medical information was disclosed (excludes disclosure for treatment, payment, healthcare operations and some required disclosures).
- Obtain a paper copy of this notice.
- Opt out of receiving fundraising material from the office.
- A patient who pays for a service in full and out of pocket can request that our office not disclose any information about that service to an insurance company. This request must be in writing specifically requesting what information the patient wants to restrict and what insurance company is not to receive it.

To Contact Us

If you would like to exercise your rights, or if you feel your privacy rights have been violated contact the Privacy Officer:

Gail Rourke

Phone (860) 928-7330

Fax: (860) 928-1907

145 Pomfret Street

Putnam, CT 06260

All complaints will be thoroughly investigated and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of health and Human Services in Washington, D.C.