

Notice of Privacy Practices

Hampton Roads Otolaryngology Associates, PLLC

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.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes:

- ∞ Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.
- ∞ Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- ∞ Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate which department you will be visiting. We may also call you by name in the waiting room when your physician is ready to see you. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- ∞ Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law.
- ∞ Public Health: The disclosure will be made for the purpose of controlling disease, injury or disability as permitted by law.
- ∞ Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ∞ Abuse, Neglect or Other Criminal Activity: We may disclose your protected health information as authorized by law to report abuse, neglect or domestic violence or to prevent or lessen a serious and imminent threat.
- ∞ Food and Drug Administration: We may disclose your protected health information to a person or company required to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- ∞ Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- ∞ Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

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We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You will be asked to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, Hampton Roads Otolaryngology Associates, PLLC will use or disclose your protected health information as described. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- ∞ The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- ∞ The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- ∞ The right to inspect and copy your protected health information. (Copying of records does require payment of a fee, in accordance with laws in the State of Virginia.)
- ∞ The right to amend your protected health information.
- ∞ The right to receive an accounting of disclosures of protected health information.
- ∞ The right to obtain a paper or electronic copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Hampton Roads Otolaryngology Associates
901 Enterprise Pkwy., Ste. 300
Hampton, VA 23666
(757) 825-2500

For more information about HIPAA or to file a complaint:

The US Department of Health&Human Svcs
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
(202) 619-0257
Toll Free: 1-877-696-6775