##### Shea ENT Clinic

Physician’s Hearing Clinic

**Your 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.**

**Your Rights.**

**Our Responsibilities.**

**You have the right to:**

* Get a copy of your paper or electronic medical record
* Correct your paper or electronic medical record
* Request confidential communication
* Ask us to limit the information we share
* Get a list of those with whom we've shared

your information

* Get a copy of this privacy notice
* Choose someone to act for you
* File a complaint if you believe your privacy rights

have been violated.

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* ***See page 2*** *for more information on these rights and how to exercise them*

**You have some choices in the way that we use and**

**share information as we:**

* Tell family and friends about your condition
* Provide disaster relief
* Include you in a hospital directory
* Provide mental health care
* Market our services and sell your information
* Raise funds
* ***See page 3*** *for more information on these choices and how to exercise them*



**We may use and share your information as we:**

* Treat you
* Run our organization
* Bill for your services
* Help with public health and safety issues
* Do research
* Comply with the law
* Respond to organ and tissue donation requests
* Work with a medical examiner or funeral director
* Address workers' compensation, law enforcement,   
  and other government requests
* Respond to lawsuits and legal actions
* ***See pages 3 & 4*** *for more information on uses and disclosures*



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| **Ask us to correct   your medical record** | •You can ask us to correct health information about you that you think is incorrect or   incomplete. Ask us how to do this.    •We may say "no" to your request, but we'll tell you why in writing within 60 days. |

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| **Get an electronic or   paper copy of your   medical record** | •You can ask to see or get an electronic or paper copy of your medical record and other   health information we have about you. Ask us how to do this.  • We will provide a copy or a summary of your health information, usually within 30   days of your request We may charge a reasonable, cost-based fee. |

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

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| **Request confidential   communications** | •You can ask us to contact you in a specific way (for example, home or office phone)   or to send mail to a different address. |

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| **Ask us to limit what**  **we use or share** | • You can ask us not to use or share certain health information for treatment, payment,   or our operations We are not required to agree to your request, and we may say "no"   if it would affect your care.  • If you pay for a service or health care item out-of-pocket in full, you can ask us not to   share that information for the purpose of payment or our operations with your health   insurer We will say "yes" unless a law requires us to share that information. |

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| **Get a list of those with   whom we've shared   information** | • You can ask for a list (accounting) of the times we've shared your health information   for six years prior to the date you ask, who we shared it with, and why.  • We will include· all the disclosures, except for those about treatment, payment and   health care operations, and certain other disclosures (such as any you asked us to   make) We'll provide one accounting a year for free but will charge a reasonable, cost-  based fee if you ask for another one within 12 months. |

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| **Get a copy of this**  **privacy notice** | • You can ask for a paper copy of this notice at any time, even if you have agreed to  receive the privacy notice receive the notice electronically. We will provide you with a  paper copy promptly |

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| **Choose someone**  **to act for you** | • If you have given someone medical power of attorney or if someone is your legal  guardian, that person can exercise your rights and make choices about your health   information.  • We will make sure the person has this authority and can ad for you before we take   any action. |

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| **File a complaint if you**  **feel your rights are**  **violated** | • You can complain if you feel we have violated your rights by contacting us using the   information on page 1.  • You can file a complaint with the US Department of Health and Human Services   Office for Civil Rights by sending a letter to 200 Independence Avenue, SW,   Washington, DC 20201,calling 1-877-696-6775, or visiting www.hhs.gov/ocr/   privacy/hipaa/complaints/  • We will not retaliate against you for filing a complaint |



**For certain health information, you can tell us your choices about what   
 we share.** If you have a dear preference for how we share your information in the   
 situations described below, talk to us. Tell us what you want us to do, and we will   
 follow your instructions.

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| **In these cases, we never share your information unless you give us written permission:** | • Marketing purposes    • Sale of your information    • Most sharing of psychotherapy notes |

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| **In these cases, you have   both the right and choice   to tell us to:** | • Share information with your family, close friend or others involved in your care  • Share information in a disaster relief situation  • Include your information in a hospital directory  *If you are not able to tell us your preference, for example if you are unconscious,*  *we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.* |

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| **In the case of fundraising:** | • We may contact you for fundraising efforts, but you can tell us not to. |



**How do we typically use or share your health information?**

We typically use or share your health information in the following ways

**Example**: *A doctor treating you for an injury asks another doctor about your overall health condition.*

We can use your health information and share it with other professionals who are treating you.

**Treat you**

We can use and share your health information to run our practice, improve your care and contact you when necessary.

**Example**: *We use health information about you to manage your treatment and services.*

**Run our**

**organization**

**Example**: *We give information about you to your health insurance plan so it will pay for your services.*

We can use your health information and share it with other professionals who are treating you.

**Bill for your**

**services**

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

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| **Help with public health and**  **safety issues** | • We can share health information about you for certain situations such as:  • Preventing disease  • Helping with product recalls  • Reporting adverse reactions to medications  • Reporting suspected abuse, neglect or domestic violence  • Preventing or reducing a serious threat to anyone's health or safety |

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| **Do Research** | • We can use or share your information for health research. |

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| **Comply with the law** | • We will share information about you if state or federal laws require it,  including with the Department of Health and Human Services if it wants to  see that we're complying with federal privacy law. |

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| **Respond to organ and tissue**  **donation requests** | • We can share health information about you with organ procurement organizations. |

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| **Work with a medical**  **examiner or funeral**  **director** | • We can share health information with a coroner, medical examiner, or funeral   director when an individual dies. |

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| **Address workers' compensation, law enforcement and other government requests** | • We can use or share health information about you:  • For workers' compensation claims  • For law enforcement purposes or with a law enforcement official  • With health oversight agencies for activities authorized by law  • For special government functions such as military, national security, and   presidential protective services. |

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| **Respond to lawsuits and**  **legal actions** | • We can share health information about you in response to a court or   administrative order, or in response to a subpoena. |

**Our Responsibilities**

* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* We will not use or share your information other than as described here unless you tell us we can in writing If you tell us we can, you may change your mind at any time Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacylhipaalunderstanding/consumers/noticepp.html**

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*Effective: April 19, 2016*

**This Notice of Privacy Practices applies to the following organizations**

*This notice applies to \*\*Insert Company Name\*\**