

NOTICE OF PRIVACY PRACTICES (NPP)

“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.”

If you have any questions about this Notice please contact: Cindi Krempel, Practice Administrator, Eastern Shore ENT & Allergy Associates, P.A., 106 Milford Street, Suite 101, Salisbury, MD 21804 ** (410)742-1908.

Each time you visit a physician or other health care provider, a record of your symptoms, examination and test results, diagnosis, treatment, and a plan for future care are recorded. This information is most commonly referred to as your “medical record”, and serves as the basis for planning your care and treatment. Your medical record serves as a means of communication among the health professionals providing your care. Understanding your medical record and its contents will help you ensure its accuracy and under what circumstances others may access your health information. This effort is being made to assist you in making informed decisions before authorizing disclosure of your medical information to others. Use or disclosure of your medical information will follow the more stringent of State or Federal laws. Our office reserves the right to change its practices and may be required to in order to enhance the privacy standards of all patients from time to time. You may call our office to request a revised copy of this **Notice of Privacy Practices** be mailed to you or ask for a revised copy at the time of your next appointment.

Understanding your health information rights

You have the right to request restrictions on certain uses and disclosures of your information, and to request, in writing, amendments be made to your health record. Your right include being able to review or obtain a copy of your health information, as well as an account of all disclosures. Other than activities that have already occurred, you may revoke any further authorizations to use or disclose your health information.

Our responsibilities

Our office is required to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This office is required to abide by the terms of this notice and to notify you if we are unable to grant your requests or reasonable desires in communicating your health information.

To receive additional information or report a problem

For further explanation of this notice, you may contact Cindi Krempel, Practice Administrator at (410)742-1908. If you believe your privacy rights have been violated, you have the right to file a complaint with this office by contacting the individual above, or by contacting the Secretary of Health and Human Services with no fear of retaliation by this office.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

You will be asked to sign a consent form authorizing this office to use and disclose your PHI for treatment, payment, and health care operations. Your PHI may be used and disclosed by our physicians or office staff involved in providing your care and treatment.

Your health information will be used for treatment, payment, and health care operations. The following describes examples of uses and disclosures that may be made by our office staff or physicians.

Treatment – Information obtained by your health care provider in this office will be recorded in your medical record and used to determine the plan of treatment best for you. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We may disclose your PHI to other physicians who may be treating you or to a physician to whom you are being referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment – Your health care information will be used in order to receive payment for services rendered by this office. A bill or claim may be sent to either you or a third-party payer with accompanying information that identifies you, your diagnosis, and procedures performed. This may include the release of information to obtain eligibility of coverage and/or pre-approval for planned procedures and treatments as well as medical necessity and utilization review activities required by your health insurance plan.

Healthcare Operations – The physicians and staff in this office will use your health information to assess the care you received and the outcomes of your care. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide. We will share your PHI with third party “business associates” that perform various activities (e.g. billing and transcription services) for this office. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract incorporating privacy standard requirements.

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted, required by law, or examples as described below. Other than activities that have already occurred, you may revoke any further authorizations to use or disclose your health information.

- Contact you and/or leave a message with appointment reminders
- Contact you regarding treatment information, leave message to call office if you are unavailable
- Contact a family member or friend designated by you in case of emergencies
- Required by law (e.g. subpoena, reporting of communicable diseases, reporting of abuse or neglect)
- Food and Drug Administration
- Workmen’s Compensation