

NOTICE OF PRIVACY PRACTICES (NPP) HIPAA

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 Tammy Mascara, Office Manager, 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, they record your symptoms, examination, test results, diagnosis, treatment and a plan for future care. 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 understand 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. The use or disclosure of your medical information will follow the more stringent of the state or federal laws. Our office reserves the right to change its practices and may be required to do so in order to enhance the privacy standards of all patients from time to time. You may call our office to request that a revised copy of this Notice of Privacy Practices be mailed to you or ask for a revised copy at 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 rights 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 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 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 Tammy Mascara, Office Manager, 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 our office staff or physicians may make.

Treatment—Information obtained by your health care provider in this office will be recorded in your medical record and used to determine the best treatment plan 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 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 any procedures performed. This may include the release of information to obtain eligibility for coverage or preapproval for planned procedures and treatments, as well as medical necessity and utilization review activities required by your health insurance plan.

Health Care 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 described in the examples below. Other than activities that have already occurred, you may revoke any further authorizations to use or disclose your health information.

- Contact you and leave a message with appointment reminders
- Contact you regarding treatment information and leave a message to call the 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
- Workers' Compensation

CRISP—We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange to provide faster access and better coordination of care and assist providers and public health officials in making more informed decisions. You may opt-out and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP via mail, fax or their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

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