

### **Workers Compensation**

We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

### **Law Enforcement**

We may disclose PHI for law enforcement purposes as required by law, or in response to a valid subpoena.

### **Judicial or Administrative Proceedings**

We may disclose PHI in response to an order of court, administrative tribunal, subpoena, or discovery request.

### **Health Oversight Agency**

We may disclose your PHI to a health oversight agency for oversight activities authorized by law (audits, licenses, inspection, etc.).

### **Correctional Institution**

Should you be an inmate of a correctional institution, we may disclose PHI to the institution or agents thereof for the health and safety of you or other individuals.

### **Appointment Reminders/Benefits and Services**

We may contact you to provide appointment reminders, information about treatment alternatives or other related health benefits and services that may be of interest to you.

**Any use or disclosure of your PHI that is not listed above will only be made with your written authorization. You have the right to revoke your authorization at any time, except to the extent that Midwest ENT Centre has already used or disclosed your PHI in reliance on your authorization.**

For more information or to report a problem

If you have questions and would like additional information, you may contact the Privacy Officer, Ron Williams, 4790 Executive Centre Parkway, St. Peters, MO 63376, 636-441-3100.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: April 21, 2010

# **Midwest ENT Centre**

**4790 Executive Centre Pkwy  
St. Peters, MO 63376**

## **Notice of Privacy Practices**

*This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.*

MIDWEST ENT is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information (PHI) we maintain. Should our information practices change, we will provide a copy of the revised Notice of Privacy Practices to you when you come in for your next visit; make revised Notice available upon request; and post the revised Notice on our website.

We will not use or disclose your PHI without your authorization, except as described in this Notice.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the healthcare practitioner facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information (however, Midwest ENT Centre is not required to agree to the restriction)
- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS (Patient consent or authorization not required):**

#### ***We will use your PHI for treatment.***

*For example:* Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know how you are responding to the treatment. We will also provide your physician or subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from the hospital.

#### ***We will use your PHI for payment.***

*For example:* A bill may be sent to your or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

#### ***We will use your PHI for regular health operations.***

*For example:* Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other uses or Disclosures (patient consent or authorization not required):

#### **Business Associates**

There are services provided in our organization through contacts with business associates (Business Associates). Examples include: accountants, transcription or typing services, and a copy service we use when making copies of your PHI. When these services are contracted, we may disclose your PHI to our Business Associate so that they can perform the job we have asked them to do. So that your health information is protected, however, we require the Business Associate to appropriately safeguard your information.

#### **Notification**

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

#### **Communication with the Family**

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

#### **Public Health**

As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

#### **Government**

We may disclose health information to a government authority authorized to receive reports of abuse, neglect or domestic violence.

#### **Research**

We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

#### **Coroners/Funeral Directors**

We may disclose PHI to coroners or medical examiners to identify a deceased person, determine cause of death, or to perform other duties as authorized by law. We may also disclose PHI to funeral directors consistent with applicable law, as necessary to carry out their duties with respect to a deceased person.

#### **Organ Procurement Organizations**

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation or organs for the purpose of tissue donation or transplant.