

# **THE HEAD AND NECK CENTER, P.C.**

## **NOTICE OF PRIVACY PRACTICES** **Effective 4/14/2003, Revised 9/23/2013**

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

### **PLEASE REVIEW THIS NOTICE CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THE NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (or "PHI" for short) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services including the payment for your health care.

We are required by law to maintain the privacy of your PHI and to provide you with this notice informing you of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices at the time of your next appointment. We will also post the revised notice in our office.

#### **1. Uses and Disclosures of Protected Health Information**

**A. We may use and disclose your PHI for treatment, payment and health care operations.** Your PHI may be used and disclosed by our health care providers and 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. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our practice.

Following are examples of the types of uses and disclosures of your PHI that our office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

1. **We may use and disclose your PHI to provide health care treatment.** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may disclose your PHI when you need a laboratory study, a prescription, an x-ray or other health related services.

In addition, we may disclose your PHI from time-to-time to another physician or health care provider such as a specialist who, at our request, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**EXAMPLE:** When we schedule you for an MRI or x-ray, we will need to inform them of any allergies you may have to the dye or other materials used in the procedure. If you are referred to another physician for treatment, that physician may need to know of other health problems you may have or medications that you are taking that might influence his treatment.

2. **We may use and disclose PHI in order to obtain payment for services.** Our office may also need to use and disclose your PHI to others in order to bill and collect payment for the treatment and other services we provide to you. Before certain services are provided to you, we may need to share some of your PHI with your health plan. This will allow us to verify coverage or to obtain pre-approval for studies and other tests that we may need to order for your health plan to pay for them.

We may also disclose identifiable health information to obtain payment from third parties such as insurance companies or family members that may be responsible for payment. We may also share portions of our PHI with our billing company or collection agency. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

**EXAMPLE:** If you have a prescription plan, we may need to give the plan your PHI including other medications you have taken in the past and other information relating to your condition in order for them to approve the prescription.

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3. We may use and disclose PHI for our health care operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications for our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. (We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our “business associates,” such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contain terms requiring them and their subcontractors to protect the confidentiality and security of your PHI. In case of a breach of unsecured PHI, we will notify you as required by law. In some circumstances our business associate may provide the notification. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. )

We may also contact you to remind you of your next appointment with us, to notify you of test results or to provide you with information about treatment alternatives or services that may be of interest to you. Contact may be made by phone, fax, mail or email. We may leave a message for you on your answering machine or voice mail. The name and address of our practice will appear on the outside of the envelopes that we mail to you. We may also ask that you use a sign-in sheet at the registration desk when you come in for your appointment. We may also call you by name in the waiting room when your health care provider is ready to see you.

4. Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any further marketing activity to the extent you revoke that authorization.

5. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any further sales of your information to the extent that you revoke that authorization.

**B.** You may agree or object to certain uses and disclosures we may make. If you agree, we may disclose your PHI in the following instances. You may object to the use or disclosure of all or part of your PHI. If the opportunity to object to uses and disclosures cannot practically be provided because of your incapacity or in an emergency treatment circumstance, your health care provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

1. We may disclose PHI to others involved in your health care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member. Personal representative, or any other person that is responsible for your care, of your location, general condition or death.

2. Decedents. We will make relevant disclosures to family/friends in the event of your death, under the same circumstances as permitted when you were alive.

3. We may disclose immunization records to schools required to obtain proof of immunization as long as we have and document patient’s representative’s informal agreement to disclose.

4. We may disclose PHI for disaster relief purposes. Finally, we may use or disclose your PHI to a public or private agency authorized by law or charter to assist in disaster relief efforts such as the American Red Cross.

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**C. We may use or disclose your PHI in other situations without your authorization.**

1. **Required by Law.** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

2. **Public Health.** We may disclose your PHI for public health activities and purposes to a public health authority that is authorized by Pennsylvania law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. For example, we are required under Pennsylvania law to report the presence of certain bacteria in laboratory tests, or the results of a positive Lyme test.

If we are examining or treating you at the request of your employer, we are required to disclose your PHI that consists of findings we obtained during this examination/treatment to your employer.

We may also disclose your PHI to an individual associated with the FDA in the event of a drug recall or to report a side effect or adverse event.

We may disclose your PHI, 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.

3. **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, civil, administrative or criminal investigations, inspections, and licensing activities.

4. **Abuse or Neglect.** Pennsylvania law requires that we report cases of child abuse to a government authority, if we have reasonable cause to suspect that a child is the victim of abuse. In addition, we may disclose your PHI if we believe that you (as an adult) are a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and Pennsylvania laws.

5. **Judicial and Administrative Proceedings.** We may disclose your PHI in response to a court order or subpoena. All disclosures will be made consistent with the requirements of applicable federal and Pennsylvania law.

6. **Law Enforcement.** We may also disclose PHI so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and as otherwise required by law such as the reporting of certain types of injuries, (2) limited information requests for identification and location purposes, (3) if you are or may be a victim of a crime, (4) suspicion that your death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) if we provide medical care in response to a medical emergency and it is likely that a crime has occurred.

7. **Coroners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for identification purposes to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties.

8. **Organ Donation.** PHI may be used and disclosed to organ procurement organizations for cadaveric organ, eye or tissue donation purposes.

9. **Research.** If we disclose your PHI for research, we will comply with federal and Pennsylvania law regarding such disclosures. An authorization will also be obtained from you.

10. **To Avert Serious Threat.** We may disclose your PHI if we believe in good faith that the use or disclosure is necessary to prevent or reduce a serious and imminent threat to the health and safety of another person or the public. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.

11. **For Government Functions.** Consistent with applicable federal laws, we may disclose your PHI if you are a member of the Armed Forces (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other individuals. Also, we may disclose to a correctional institution or law enforcement officials having legal custody of the inmate.

12. **Workers' Compensation.** Your PHI may be disclosed by us as authorized to comply with worker's compensation laws and other similar government programs that provide public benefits.

**D. We are required to disclose your PHI upon request to the Secretary of HHS.** We are required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the Privacy Regulations.

**E.** All other disclosures require your written authorization. Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

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## **II. Your Rights.**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights

**A.** You have the right to request a Restriction of your Protected Health Information. This means you may ask us not to use or disclose any or part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in our care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. If you have paid for services “out of pocket,” in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are not required to agree to a restriction that you may request. If we believe it is in our best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with our Privacy Officer.

**B.** You have the right to receive Confidential Communications of PHI from us by Alternative Means or at an Alternative location. We will accommodate reasonable requests. We may also condition this accommodation, if appropriate, by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please contact our Privacy Officer to make such a request.

**C.** You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A “designated record set”, contacts, medical and billing records and any other records that our practice uses for making decisions about you.

You may not inspect or obtain a copy of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. To discuss your right to inspect and copy your PHI, please see our Privacy Officer.

**D.** You have the right to have your physician amend your PHI. You may request that we amend your PHI in a designated record set for as long as we maintain this information. All requests should be in writing. Please speak with the Privacy Officer if you have any questions or would like to request an amendment of your PHI.

**E.** You have the right to receive an Accounting of Certain Disclosures we have made, of any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It also excludes disclosures we may have made to you or for which we have an authorization from you and disclosures made to family members or friends involved in your care. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. Please contact our Privacy Officer to request an accounting.

**F.** You have the right to obtain a paper copy of this notice from us. You have the right to receive a paper copy of this notice upon request, even if you have agreed to accept this notice electronically. Our Office has 30 days to respond to this request.

## **III. Complaints**

You have the right to complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not take any action against you or deny you medical care for filing a complaint.

You may contact our Privacy Officer at (610) 691-2552 or at 2597 Schoenersville Road, Suite 205, Bethlehem, PA 18017.

You may complain to the Secretary of Health and Human Services at Region III, Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111.

**Effective Date**

This Notice of Privacy Practices is effective on April 14, 2003, revised September 23, 2013.