

HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO OBTAIN THIS INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY.

In the course of your care as a patient at Rockland Ear, Nose, and Throat Associates, PC, we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including clinical records, may be disclosed to another healthcare provider or hospital if it is necessary to refer you for further testing, assessment, or treatment.
- Your healthcare records as well as your billing records may be disclosed to another party, such as: an insurance carrier, an HMO, a PPO, or your employer.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine or voicemail. Furthermore, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office regarding those matters. Should you decide to not provide us such authorization, your care will not be affected in this office.

Under federal law, we are also permitted or required to use or disclose your health information without consent or authorization in the following circumstances:

- Should we provide services to you based on the orders of another healthcare provider
- Should we provide services to you as an emergency
- Should we be required by law to provide care to you and are unable to obtain your consent after attempting to do so
- Should there be substantial communication barriers between you and our office and our office's professional judgment believes you intend for our office to provide care
- Should we be ordered by the courts or another appropriate agency

Any use or disclosure of your protected health information, other than as described in the examples outlined above, will only be made upon your written authorization. We normally provide information about your health care to you in person at the time you receive care.

You have the right to inspect and/or copy your health information for seven years from the date the record was created or for as long as the information remains in our file. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy, or amend your health related information should be provided to us in writing.

We are required by the state and federal law to maintain the privacy of your patient files and health protect information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. Should changes be made to our privacy notice, we will notify you in writing as soon as possible. Should you have any concern regarding: the information that we use or disclose based on this privacy notice, our privacy practices, or any aspect of our privacy activities, please direct your concerns to Susan E. Predmore, Practice Manager. This notice is effective as of June 1, 2017, and will expire seven years after the date it was created.

Patient Name

Patient Signature

Date