

SOUTHEAST TEXAS EAR, NOSE & THROAT, LLP NOTICE OF PRIVACY PRACTICES

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 questions about this Notice, please contact the office at (409)212-8111.

This Notice tells you the ways we may use and disclose your Protected Health Information (referred to as “medical information”). It also describes your rights and our obligations regarding the use and disclosure of medical information. This applies to Southeast Texas Ear, Nose & Throat, LLP providers and employees.

OUR OBLIGATIONS REQUIRED BY LAW - Southeast Texas Ear, Nose & Throat, LLP shall make every effort to maintain the privacy of your medical information, provide you with notice of 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 will notify affected individuals following a breach of unsecured medical information under federal law.

THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure. For these categories, the law generally does not require us to get your authorization in order for us to use or disclose your medical information.

For Treatment. We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care. We will not share any substance abuse treatment records without your written permission.

For Payment. We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.

For Health Care Operations. We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run our office in an efficient manner and ensure that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records may be audited for timely documentation and correct billing.

Quality Assurance/Utilization Review. We may need to use or disclose your medical information for our internal processes of assessing quality care or for determining the appropriate level of services.

Appointment Reminders. We may use and disclose medical information in order to remind you of an appointment. For example, Southeast Texas Ear, Nose & Throat, LLP may provide a written or telephone reminder that your next appointment with one of our physicians is coming up.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care. We never market or sell personal information.

As Required by Law. We will disclose medical information about you when required to do so by federal or Texas laws or regulations.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

Sale of Practice. We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

Individuals Involved in Your Care or Payment for Your Care. We may disclose medical information about you to a friend or family member who is involved in your health care, as well as to someone who helps pay for your care, but we will do so only as allowed by state or federal law (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization.

Organ and Tissue Donation. If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Qualified Personnel. We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following activities: 1) To prevent or control disease, injury, or disability; 2) To report reactions to medications or problems with products; 3) To notify people of recalls of products they may be using; 4) To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and 5) To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

Business Associates. There are some services (such as billing or legal services) that may be provided to or on behalf of our Practice through contracts with business associates. When these services are contracted, we may disclose your medical information to our business associate so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.

Lawsuits and Disputes. If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.

Law Enforcement/ National Security/Intelligence Activities. We may release medical information if asked to do so by a law enforcement official: In response to a court order or subpoena; or If we determine there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner when authorized by law (e.g., to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.

Inmates. If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.

Marketing of Related Health Services. We may use or disclose your medical information to send you treatment or healthcare communications concerning treatment alternatives or other health-related products or services. We may provide such communications to you in instances where we receive financial remuneration from a third party in exchange for making the communication only with your specific authorization unless the communication: i) is made face-to-face by the practice to you, ii) consists of a promotional gift of nominal value provided by the practice, or iii) is otherwise permitted by law. If the marketing communication involves financial remuneration and an authorization is required, the authorization must state that such remuneration is involved. Additionally, if we use or disclose information

to send a written marketing communication (as defined by Texas law) through the mail, the communication must be sent in an envelope showing only the name and addresses of sender and recipient and must i) state the name and toll-free number of the entity sending the market communication; and ii) explain the recipient's right to have the recipient's name removed from the sender's mailing list.

Electronic Disclosures of Medical Information. Under Texas law, we are required to provide notice to you if your medical information is subject to electronic disclosure. This notice serves as general notice that we may disclose your medical information electronically for treatment, payment, or health care operation or as otherwise authorized or required by state or federal law. Texas Law prohibits any electronic disclosure of a client's protected health information to any person without a separate authorization from the patient for each disclosure.

Other Uses or Disclosures. Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information collected and maintained about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Southeast Texas Ear, Nose & Throat, LLP. If you request a copy of the information, the office may charge a fee established by state law for the costs of copying, mailing, or summarizing your records. Southeast Texas Ear, Nose & Throat, LLP may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the office will review your request and denial. The person conducting the review will not be the person who denied your request. Southeast Texas Ear, Nose & Throat, LLP will comply with the outcome of the review.

Right to Amend. If you feel that medical information maintained about you is incorrect or incomplete, you may ask your physician at Southeast Texas Ear, Nose & Throat, LLP to amend the information. You have the right to request an amendment for as long as the information is kept by the practice. To request an amendment, your request must be made in writing and submitted to Southeast Texas Ear, Nose & Throat, LLP. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Southeast Texas Ear, Nose & Throat, LLP may deny your request if you ask us to amend information that: was not created by a physician or staff of our office, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by this practice; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations. To request this list you must submit your request in writing to Southeast Texas Ear, Nose & Throat, LLP, Attn: Administrator. Your request must state a time period, which may not be longer than six (6) years, but does not include disclosures for Treatment, Payment, or Health Care Operations. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. Southeast Texas Ear, Nose & Throat, LLP will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information Southeast Texas Ear, Nose & Throat, LLP uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. Southeast Texas Ear, Nose & Throat, LLP is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which the office has been paid out of pocket in full. Should we agree to your request, Southeast Texas Ear, Nose & Throat, LLP will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Southeast Texas Ear, Nose & Throat, LLP. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit Southeast Texas Ear, Nose & Throat, LLP's use and/or disclosure; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that Southeast Texas Ear, Nose & Throat, LLP communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. To request that we communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. Southeast Texas Ear, Nose & Throat, LLP will use our best efforts to accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Breach Notification. In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware your medical or financial information has been improperly disclosed or otherwise subject to a "breach" as defined in and /or required by HIPAA and applicable state law.

CHANGES TO THIS NOTICE.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with Southeast Texas Ear, Nose & Throat, LLP, Attn: HIPAA Officer, 740 Hospital Drive, Suite 300, Beaumont, TX 77701 or with the Office for Civil Rights, U.S. Department of Health and Human Services, Region VI, 1301 Young Street, Suite 1169, Dallas, TX 75202. You may also file a complaint with Southeast Texas Ear, Nose & Throat, LLP by contacting the Administrator, Privacy Officer at 409-212-8111 or by email at management@setent.net. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. You will NOT be penalized for filing a complaint.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Patient Name _____ Date of Birth _____

By signing below, you acknowledge that you have received this Notice of Privacy Practices prior to any service being provided to you, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below.

X _____

Signature of Patient/Legal Representative

Relationship to Patient if not Self

(ONLY PATIENT AGE 18+, PARENT OR LEGAL GUARDIAN MAY SIGN)

Date _____

Restrictions: _____