

## 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.

*EFFECTIVE DATE: April 14, 2003*

### UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

- Each time you visit a hospital, physician, or another healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:
  - Basis for planning your care and treatment
  - Means of communication among the many health professionals who contribute to your care
  - Legal document describing the care you received
  - Means by which you or a third-party payer can verify that services billed were provided
  - A tool in educating health professionals
  - A source of information for public health officials charged with improving the health of the nation
  - A source of data for facility planning and marketing
  - A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

### OUR RESPONSIBILITIES

#### We are required by law to:

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

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will provide a revised Notice of Privacy Practices at your next appointment.

#### Uses and Disclosures of Protected Health Information Requiring an Authorization:

In situations other than those listed below, we will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you may, in writing, revoke that authorization to stop any future uses and disclosures except to the extent that action has been taken in reliance on the use or disclosure, or if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

**Uses and Disclosures of Protected Health Information That May Be Made with Your Opportunity to Agree or Object:** We may use or disclose your health information in the following situations after you are informed in advance of the use or disclosure and have the opportunity to agree to, prohibit, or restrict the use or disclosure.

**Others Involved In Your Healthcare:** Unless you object, we will disclose health information to a family member, other relative, or a close personal friend, that is directly relevant to involvement in your healthcare or payment related to the healthcare. We may also disclose your information for disaster relief purposes. If you are unable to agree or object, we will disclose information as necessary if it is in your best interest based on our professional judgment.

## **Uses and Disclosures of Protected Health Information Not Requiring an Authorization or Opportunity to Object:**

**Treatment:** We will use and disclose your health information for treatment, including the provision, coordination or management of healthcare and related services. 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 expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. We may also use your health information to determine which treatment option, such as a drug or surgery, best addresses your healthcare needs.

**Payment:** We will use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

**Healthcare Operations:** We may use or disclose your health information to carry out our daily activities as they relate to the provision of healthcare. Healthcare operations include but are not limited to due diligence and the transfer of records pursuant to the sale or transfer of assets, or merger of one covered entity with an entity which is or will be a covered entity upon completion of the transaction, quality assessment activities, training medical students, licensing, and marketing and fund raising activities. For example, we may disclose your information to medical students that see patients at the healthcare facility, call you by name in the waiting room, and contact you to remind you of your next appointment. We will share your health information with third party "business associates" that perform activities such as billing.

**Notification:** In an emergency, we may use or disclose your health information to notify or assist in notifying a family member, personal representative or another person responsible for your care of your location and general condition.

**Marketing:** We may use your health information to provide appointment reminders. For example, we may use dates from your medical record to determine the date and time of your next appointment and send you a reminder notice. Also, we may look at your record and determine that another treatment or new service may be of benefit to you. For example, we may contact a patient to notify them that a research facility that offers life-saving treatments has opened.

**Fundraising:** We may contact you as part of a fundraising effort.

**Public Health Activities:** We may disclose your health information to a public health authority that is permitted to collect or receive the information. We may be required to report information to help prevent or control disease, injury or disability. We may also disclose information, if directed by the public health authority, to a foreign government agency that collaborates with the public health authority. This includes reporting child abuse or neglect, FDA-regulated product or activity and exposure to communicable diseases.

**Abuse or Neglect:** If we believe you have been a victim of abuse or neglect, we may disclose your health information to an authorized governmental entity or agency. The disclosure will be made pursuant to the requirements of federal and state laws. We may also disclose your information to a public health entity that is authorized to receive reports of child abuse or neglect.

**Healthcare Oversight Activities:** We may disclose your health information to appropriate authorities for activities including but not limited to monitoring, investigating, inspecting and disciplining or licensing those who work in the healthcare system or for government benefit programs, court or administrative tribunal, and under certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement Purposes:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

**Disclosure About Decedents:** We may disclose health information about decedents to coroners and medical examiners for the purpose of identifying a deceased individual, determining a cause of death, or carrying out other duties permitted by law. Additionally, we may disclose decedent's information to funeral directors as authorized by law.

**Cadaveric Organ, Eye and Tissue Donations:** We may disclose your health information to persons involved in the process of obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.

**Avoid Threat to Health or Safety:** We may disclose information to specified authorities if we believe in good faith that a disclosure of your health information is necessary to prevent or minimize a serious threat to you or the public's health or safety.

**Military, National Security and Law Enforcement Custody:** Under certain conditions, if you are involved with the military, national security, or intelligence activities, we may release your health information to the proper authorities so that they may

carry out their duties. If you are in a correctional institution or other law enforcement custodial situation, we may disclose your health information to a correctional institution or law enforcement official.

**Worker's Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by the law.

**Charges Against Provider:** In the event you should file suit against us, we may disclose health information necessary to defend such action. We must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate and determine our compliance with the law.

**Judicial and Administrative Proceedings:** We may disclose your health information that is expressly authorized by an administrative proceeding, in response to an order of a court or administrative tribunal, and under certain conditions in response to a subpoena, discovery request or other lawful process.

***Your Individual Rights: You have several rights regarding your health information.***

### **SPECIFICALLY, YOU HAVE THE RIGHT TO:**

**Request a Provider Not to Disclose:** You may request, in writing, that we not use or disclose your information for treatment, payment, or administrative purpose, or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency situations. We will consider your request; however, we are not legally required to accept it.

**Receive Confidential Communication:** You have the right to request that your health information be communicated to you in a confidential manner, in certain situations, such as sending mail to an address other than your home.

**Inspect and Copy Information:** Within the limits of the State statutes and regulations, you have the right to inspect and copy your health information. You may not inspect or copy psychotherapy notes, information compiled in anticipation of litigation, or information subject to a law that prohibits access. The decision to deny access may be reviewable in certain cases.

**Request to Amend Healthcare Information:** If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to us to amend your health information by correcting the existing information or adding the missing information. We may, under certain circumstances, deny your request.

**Receive an Accounting:** You have the right to receive an accounting of disclosures of your health information. This includes disclosures made other than for treatment, payment, healthcare operation, for a facility directory, to a family member or friends involved in your care, requests made by you, pursuant to an authorization, or for notification purposes. The right to receive this information is subject to certain exceptions and limitations.

**Receive a Paper Copy of this Notice:** If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we have made about access to your record, you may contact the individual listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The individual listed below can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

**If you have any questions or complaints, please contact the Privacy Officer by phone or in writing at:**

Central Plains Ear Nose Throat & Audiology Center  
8005 Farnam Drive, Suite 204  
Omaha, NE 68114  
Phone: (402) 502-6970  
Fax: (402) 502-6930