



ENTAA Care

Ear, Nose & Throat, Asthma & Allergy
Audiology & Hearing Aid Center
Speech & Balance Center

Privacy Notice for Our Patients ENTAA Care, P.A.

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 CAREFULLY.

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of ENTAA Care, P.A. ("ENTAA Care") to protect the privacy of your individually identifiable health information or protected health information, as that term is defined under the health Insurance Portability and Accountability Act of 1996 ("Information"), in providing for your medical treatment and needs.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003. ENTAA Care is required to follow the terms of this Notice until it is replaced. ENTAA Care reserves the right to change the terms of this Notice at any time. If ENTAA Care makes changes to this Notice, ENTAA Care will revise it and send a new Notice to its patients. ENTAA Care reserves the right to make the new changes apply to Information maintained by ENTAA Care before and after the effective date of the new Notice.

Purposes for which ENTAA Care May Use or Disclose Your Medical Information Without Your Consent or Authorization

ENTAA Care may use and disclose your Information for the following purposes:

- ♦ Treatment Purposes: For example, your Information may be disclosed to your primary care physician or to another specialist to whom you are referred by ENTAA Care for your treatment or your information may be used to give you appointment reminders or to notify you of test results.
- ♦ Payment: For example, your Information may be used and disclosed to submit claims to your insurer and/or to obtain payment for services provided.
- ♦ Health Care Operations: For example, your Information may be used and disclosed by ENTAA Care to conduct quality assessment and improvement activities or to engage in care coordination or case management.
- ♦ Health Care Services: Your Information may be used and disclosed to contact you and to give you information about treatment alternatives or other health benefits and services that may be of interest to you.
- ♦ As required by law: ENTAA Care must provide your Information to the U.S. Department of Health and Human Services and to you, upon request.
- ♦ To Business Associates: Your Information may be disclosed to ENTAA Care's business associates who require the Information to perform a function for ENTAA Care (i.e. accountant). Each business associate of ENTAA Care must agree in writing to ensure the continuing confidentiality and security of your Information.

Uses and Disclosures with Your Authorization

Except as provided below, your Information will not be used for any non-routine purposes unless you give ENTAA Care your written authorization to do so. If you give ENTAA Care written authorization to use or disclose your Information for a purpose that is not described in this Notice, then, with certain exceptions, you may revoke it in writing at any time. Your revocation will be effective for all your Information ENTAA Care maintains, unless ENTAA Care has taken action in reliance of your authorization.

Uses and Disclosures With Your Verbal Consent

Your Information may be disclosed to a family member, friend or other person designated by you or as designated by the law if you verbally agree. With your verbal consent, directory information also may be used and disclosed.

Other Uses And Disclosures Without Your Permission

Your Information may be used and disclosed without your consent, opportunity to agree or disagree or authorization for other reasons including:

- ◆ To comply with legal proceedings, such as a court or administrative order or subpoena.
- ◆ To law enforcement officials for limited law enforcement purposes.
- ◆ For research purposes in limited circumstances.
- ◆ To a coroner, medical examiner, or funeral director about a deceased person.
- ◆ To an organ procurement organization in limited circumstances.
- ◆ To avert a serious threat to your health or safety or the health or safety of others.
- ◆ To a governmental agency authorized to oversee the health care system or government programs.
- ◆ To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- ◆ To public health authorities for public health purposes.
- ◆ To appropriate military authorities, if you are a member of the armed forces.

Your Rights – You may make a written request to ENTAA Care to do one or more of the following concerning you Information:

- ◆ To put additional restrictions on ENTAA Care's use and disclosure of your Information. (ENTAA Care does not have to agree to your request.)
- ◆ To communicate with you in confidence about your Information by a different means or at a different location than ENTAA Care is currently doing. (ENTAA Care does not have to agree to your request.)
- ◆ To see and obtain copies of your Information. In limited cases, ENTAA Care does not have to agree to your request.
- ◆ To correct your Information. In certain cases, ENTAA Care does not have to agree to your request.
- ◆ To receive a list of disclosures of your Information that ENTAA Care, and its business associates, make for certain purposes for six (6) years prior to your request (after April 14, 2003), with certain exceptions permitted by law including exceptions for disclosures made to you or pursuant to your authorization.
- ◆ To send you a paper copy of this Notice if you receive this Notice by e-mail or on the internet.

If you want to exercise any of these rights described or require further information about ENTAA Care's privacy practices, please submit your request in writing to the address on the back of this form. ENTAA Care will provide you with the necessary information and forms for you to complete and return. ENTAA Care has a fee of \$0.69 per page for copying your medical records and Protected Health Information.

Complaints

If you believe your privacy rights have been violated by ENTAA Care, you have the right to file a complaint to ENTAA Care or to the Secretary of U.S. Department of Health and Human Services. You may file a written complaint with ENTAA Care by contacting Jeannette Stower, at the address below. ENTAA Care will not retaliate against you if you choose to file a complaint with ENTAA Care or with the U.S. Department of Health and Human Services.

Contact Office

To request additional copies of this Notice or to receive more information about ENTAA Care's privacy practices or your rights, please contact Jeannette Stower at:

E-Mail: Jeannette.Stower@entaacare.com

Contact Office: ENTAA Care, P.A.

Address: 203 Hospital Drive, Suite 200
Glen Burnie, MD 21061

Telephone: 410-760-8840, Extension 201

Fax: 410-760-7864

Website: www.entaacare.com