

How We Use & Disclose Your Protected Health Information

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us may be revoked at any time in writing.

The medical record is the property of this practice, but the information in the medical record belongs to you. The following are descriptions and examples of how we use your PHI for those purposes. Not every use or disclosure in a category will be listed, however, all ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use your PHI to treat you. For example, we may use your PHI to write a prescription, order X-rays, prescribe therapy, or for other health care services. Many people who work for our practice, including, physicians, PA's, CNP's, nurses and medical students may use or disclose your PHI in order to treat you or to assist others in treating you. We may disclose your PHI to others who may assist in your care such as your spouse, children or parents. We may also disclose your PHI to other health care providers for purposes related to your treatment.

Payment: We may use and disclose your PHI so the treatment and services we provide you may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may contact your health insurer to certify you are eligible for benefits or to provide information to determine if your insurer will pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may disclose your PHI to other health care providers to assist in their billing and collection efforts.

Health Care Operations: We may use and disclose your PHI to evaluate and promote the quality of care and service provided to you and to support regular business activities. For example, we may use PHI for evaluating the performance of staff and financial

management of our company. We may disclose your PHI to other health care providers or entities to assist in their health care operations.

Your PHI may also be used:

- To remind you of an appointment, to respond to your phone call, to sign in using a Sign-in sheet or to inform you of test results.
- To inform you of health related benefits and services that may be of interest to you.
- To inform you of potential treatment options or alternatives.
- To disclose information to family members, friends or other representatives who are involved in your care or payment for your care, provided you do not object. For example, a parent or guardian, in their absence, may ask that a babysitter take their child to an appointment. In this example, the babysitter may have access to the child's PHI.
- When required to do so by federal, state or local law

The following uses and disclosures of your PHI will be made only with your written authorization:

- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI
- Uses and disclosures of your psychotherapy notes unless; by the originator, for training of our staff, to defend ourselves in a malpractice suit, if the law requires it; in response to oversight activities; to avert serious imminent threat to health or safety or to a medical examiner after you die.

There are also certain special circumstances in which we may use or disclose your PHI without your authorization as follows:

- Public health reporting purposes such as reporting communicable diseases and injuries permitted by law, victims of abuse or neglect, work-related illnesses or maintaining vital records, such as births and deaths.

- For health oversight agencies for activities authorized by law including investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or action; or other activities necessary for the government to monitor government programs, compliance with civil rights and the health care system in general.
- For lawsuits or similar proceedings. In response to a subpoena or court order.
- If asked to do so by law enforcement officials regarding a crime.
- For organ and tissue donations and transplantations if you are an organ donor.
- For medical examiners, coroners and funeral directors to identify a deceased individual, or determine the cause of death.
- For research purposes in certain limited circumstances approved under federal rules.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
- If required by the appropriate authorities of members of the U.S. or foreign military forces, including veterans.
- For specialized government functions such as national security and intelligence activities.
- If you are an inmate or under the custody of a law enforcement official to provide health care services to you, for the safety and security of the institution and to protect your health and safety or the health and safety of other individuals.
- To provide legally required notices of a breach of security involving your PHI
- For workers compensation programs.
- For disclosure to the Secretary of the US Dept. of Health and Human Services to review our compliance of the HIPAA Privacy rule.
- To disclose PHI to our business associates who perform functions on our behalf and provide us with services if the information is necessary for such functions or services.

Your Rights Regarding Your PHI

You have certain rights under federal privacy standards regarding the PHI we maintain about you:

- 1. You have the right to request that we communicate** with you about your health and related issues in a particular manner or at a certain location. For instance you may ask that we contact you at home, rather than work.
- 2. You have the right to request a restriction in our use or disclosure of your PHI** for treatment, payment or health care operations. In addition, you have the right to request that we restrict disclosure of your PHI to certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to your health plan and such information you wish to restrict pertains solely to a health care item or service you have paid us “out of pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency care.
- 3. You have the right to inspect and obtain a copy of the PHI** that may be used to make decisions about you, including patient medical and billing records. We may deny your access to specific information, in certain limited circumstances, as allowed by law. In some cases we may require that your request be made in writing. We have up to 30 days to make your PHI available and we may charge a fee for the costs of copying and mailing your request.
- 4. You may ask us to amend your PHI** if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment. Your request for amendment must be made in writing to our Privacy Officer. We may deny your amendment request if it is our opinion that the information we currently maintain is (a) accurate and complete; (b) not part of the PHI kept by or for our practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice.

5. You have the right to request an “accounting of disclosures” of your PHI during a specified period of up to six years, excluding dates prior to April 14, 2003. The accounting does not include disclosures made for treatment, payment, health care operations, disclosures required by law and other disclosures as referred to in this notice.

6. You have the right to an electronic copy of your PHI if it is maintained in an electronic format. We will make every effort to provide access to your PHI in the format you request however if it is not readily producible in the format you request we will provide it in either our standard electronic format or in a readable hard copy format.

7. You have the right to be notified if there is a breach of security involving your unsecured PHI, including the nature and extent of the PHI involved.

8. You have the right to receive a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

You may file a complaint with our practice or with the Secretary of the US Dept. of Health and Human Services. To file a complaint with our practice you must contact our Privacy officer at the address listed on the front of this Notice. All complaints must be in writing. **We will not retaliate against you for filing a complaint.** The complaint form for DHHS may be found at:
www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf

We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our offices in a visible location at all times, and you may request a copy of our most current notice at any time. We also post a copy of this notice on our website at: www.westriverent.com

If you would like further information concerning our privacy practices please contact our privacy officer at the contact information on the front of this notice.

WEST RIVER EAR NOSE AND THROAT, PROF, LLC

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
Revised: September 23, 2013

Privacy Officer
4141 Fifth Street
Rapid City, SD 57701
Phone: (605) 791-0602
Fax: (605) 791-0978
Email: admin@westriverent.com

Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of health information that identifies our patients. In the conduct of our practice, we create records regarding you and the treatment and services we provide to you. This information is called “protected health information” (PHI). We are required by law to maintain the confidentiality of your PHI. We are also required by law to provide you with notice of our legal duties and the privacy practices our practice maintains concerning your PHI. We also are required to abide by the terms of our Notice of Privacy Practices currently in effect. In this notice we describe the ways we may use and disclose your PHI, your privacy rights in your PHI and our obligations concerning the use and disclosure of your PHI