

## 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.

**TREATMENT.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory test and procedures will be available in your medical record to all health professions who may provide treatment or who may be consulted by staff members.

**PAYMENT.** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**HEALTH CARE OPERATIONS.** Your health information may be used as necessary to support the day-to-day activities and management of Dr. Quinn, Ear, Nose, & Throat.

**LAW ENFORCEMENT.** Your health information may be disclosed to law enforcement agencies, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**PUBLIC HEALTH REPORTING.** Your health information may be disclosed to public health agencies as required by law.

Other uses and disclosures require your authorization. Disclosure of you health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us in writing of your decision.

Your information may also be used to remind you of your appointments, to send you information about your treatment/condition, services that may be of interest of your condition, and public relations or sales related information.

You have certain rights under the federal privacy standards, These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

We at Dr. Quinn, Ear, Nose, & Throat are required to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices as outlined. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

As permitted by federal regulations, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records or submit a complaint about our privacy policies. Contact the **MEDICAL RECORD PRIVACY OFFICER** at 25 Lake Concord Road, Concord, NC 28025. If you believe that your privacy rights have been violated, you should call the matter to our attention at the above address.

Your protected health information will be used by Dr. Quinn, Ear, Nose, & Throat or disclosed to others for the purposed of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice. You may request a restriction on the use or disclosure of your protected health information. If Dr. Quinn, Ear, Nose, & Throat agree to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards. You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected. Dr. Quinn, Ear, Nose, & Throat reserves the right to modify the privacy practices outlined in the notice.