

QUEEN CITY EAR, NOSE & THROAT ASSOCIATES, INC. NOTICE OF PRIVACY PRACTICES

ATTENTION ALL PATIENTS OF QUEEN CITY EAR, NOSE & THROAT ASSOC., INC.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

USES AND DISCLOSURES:

1. **Queen City Ear, Nose & Throat Assoc., Inc.** may use and disclose your protected health information for the purpose of providing treatment, obtaining payment of services rendered, and to maintain healthcare operations.

For example: We may provide protected health information to your insurance company for the purpose of obtaining payment for services rendered. We may also release information to a referring doctor for the purpose of obtaining treatment for a medical condition.

2. **Queen City Ear, Nose & Throat Assoc., Inc.** may also use or disclose protected health information for the following circumstances:
 - a. Uses and disclosures for public health activities;
 - b. Reporting about victims of abuse, neglect or domestic violence;
 - c. Disclosures for health oversight activities;
 - d. Disclosures for judicial and administrative proceedings;
 - e. Disclosures for law enforcement purposes;
 - f. Uses and disclosures about descendants;
 - g. Uses and disclosures for cadaveric organ, eye, or tissue donation purposes;
 - h. Disclosures to avert a serious threat to health or safety; and
 - i. Uses and disclosures for specialized government functions.
3. Other uses and disclosures not outlined above will be made only with the individual's written authorization. The individual may revoke in writing such authorization at any time.
4. **Please note: Queen City Ear, Nose & Throat Assoc., Inc.** may contact patients to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest of the individual.

INDIVIDUAL RIGHTS

Patients of **Queen City Ear, Nose & Throat Assoc., Inc.** have individual rights pertaining to the use, disclosure and handling of personal health information.

1. The right to request restrictions on certain uses and disclosures of protected health information. **Queen City Ear, Nose & Throat Assoc., Inc.** is not required to agree to a requested restriction, but will give every consideration to a request to restrict the use and disclosure of protected health information;
2. The right to receive confidential communications;
3. The right to inspect and copy protected health information. **Queen City Ear, Nose & Throat Assoc., Inc.** will require that a staff member or physician of **Queen City Ear, Nose & Throat Assoc., Inc.** is present when protected health information is being inspected by a patient. **Queen City Ear, Nose & Throat Assoc., Inc.** will copy protected health information at the patients' request for a minimal fee to cover the cost (including labor and cost of supplies) of preparing copies.
4. The right to amend protected health information. You may request a copy of our procedure for requesting an amendment to your protected health information for any staff member.
5. The right to receive an accounting of disclosures of protected health information. A request for an accounting of disclosures shall be made in writing and address to the Director of HIPAA Compliance as stated below; and

6. The right of an individual (including that of an individual who has agreed to receive the notice electronically) to obtain a paper copy of the notice from **Queen City Ear, Nose & Throat Assoc., Inc.** upon written request.

RESPONSIBILITIES OF QUEEN CITY EAR, NOSE & THROAT ASSOC., INC.

1. **Queen City Ear, Nose & Throat Assoc., Inc.** must maintain the privacy of confidential information and to provide individuals with notice of its legal duties and privacy practices with respect to such information;
2. **Queen City Ear, Nose & Throat Assoc., Inc.** will abide by the terms of the notice currently in effect;
3. **Queen City Ear, Nose & Throat Assoc., Inc.** reserves the right to amend the terms of its notice and to make the new notice provisions effective for all confidential information that it maintains. A notice of amendment or change in the terms of the privacy notice will be posted in the reception area of all office locations. Patients may request a copy of the revised privacy notice from any staff member during regular business hours.

COMPLAINTS

You have the right to contact the Department of Health and Human Services with complaints regarding the Privacy Practices of **Queen City Ear, Nose & Throat Assoc., Inc.** **Queen City Ear, Nose & Throat Assoc., Inc.** will not retaliate against any patient who chooses to lodge a complaint regarding privacy practices and/or the use, disclosure, and handling of protected health information. You may also contact our Director of HIPAA Compliance with any concerns you have regarding the use, disclosure, and handling of protected health information.

CONTACT INFORMATION:

For more information regarding this notice please contact:

Director of HIPAA Compliance
Queen City Ear, Nose & Throat Assoc., Inc.
11135 Montgomery Road
Cincinnati, OH 45249
(513) 793-9600
(513) 793-4928 Fax

Department of Health and Human Services
Office of Civil Rights – Region V
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(312) 886-2359
(312) 886-1807 Fax
<http://www.os.dhhs.gov>

EFFECTIVE DATE:

1. The effective date of this notification is April 14th, 2003