

# **BUFFALO ENT SPECIALISTS, LLP**

## **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.**

**If you have questions about this Notice, contact our Privacy Contact who is: Colleen Struebel**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) or electronic protected health information (ePHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. . It also describes your rights to access and control your PHI/ePHI. PHI is information about you, including demographic information that may identify you and relate to your past, present or future physical or mental health or condition and related health care services.

### **1. Uses and Disclosures of PHI/ePHI**

#### **Uses and Disclosures of PHI/ePHI Information Upon Your Written Consent**

You will be asked to sign or electronically sign a consent form. Once you have consented to use and disclosure of your PHI/ePHI for treatment, payment and health care operations by signing the consent form, your physician will use or disclose PHI/ePHI as described in this Section 1. Your PHI/ePHI may be used or disclosed by your physician, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI/ePHI may be used or disclosed to support the operation of the physician's practice.

Following are examples of uses and disclosures of your PHI/ePHI for treatment, payment and health care operations that the physician's office is permitted to make once you have signed the consent. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

**Treatment:** We will use and disclose PHI/ePHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI/ePHI. For example, we would disclose your PHI/ePHI, as necessary to a home health agency that provides care to you. We will also disclose your PHI/ePHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI/ePHI. For example, your PHI/ePHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI/ePHI from time-to-time to another physician or health care provider who at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your PHI/ePHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health plan may undertake before it approves or pays for your services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining authorization for a hospital stay may require your relevant PHI/ePHI to be disclosed to the health plan to obtain approval for the hospital admissions.

**Notification on Self-Pay Rights/Services Paid for “Out of Pocket”** If you choose to pay for your services “out of pocket” in full, rather than through insurance, you have the right to request that we do not disclose any PHI/ePHI concerning these services to a health plan and we must comply with this request. However, this request must be made prior to the services being performed and payment in full must be made prior to leaving the office after the service has been provided. If we have not received this request and payment in full has not been made prior to the service being coded and billed, which is typically within one business day, we will not be able to retract the billing to the health plan on file.

**Healthcare Operations:** We may use or disclose, as needed, your PHI/ePHI, in order to support the business activities of your physician’s practice. The activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities.

For example, we may disclose your PHI/ePHI to medical students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk. We may also call you by name from the waiting room when your physician is ready to see you. We may use or disclose your PHI/ePHI to remind you of your appointment.

We will share your PHI/ePHI with third party “Business Associates” (BA) that perform various activities (eg transcription, IT services) for the practice. Whenever an arrangement between our office and a BA involves the use or disclose of your PHI/ePHI, we will have a written contract that contains terms that will protect the privacy of your PHI/ePHI.

We may use or disclose your PHI/ePHI, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your PHI/ePHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services we believe may be beneficial to you. Your authorization is required for any marketing activities which are paid promotional communications. You may contact our Privacy Contact to request these materials not be sent to you.

You may be contacted for Fundraising purposes. You may opt-out of any fundraising communications by notifying our Privacy Contact. We cannot condition your treatment or authorization on your willingness to participate in fundraising activities.

#### **Uses and Disclosures of Your PHI/ePHI Based Upon Your Written Authorization**

Other uses and disclosures of your PHI/ePHI will be made only with your written authorization, unless otherwise permitted or required by law as described below.

#### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may disclose your PHI/ePHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI/ePHI. If you are not present or able to agree or object to the use or disclosure of your PHI/ePHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI/ePHI that is relevant to your health care will be disclosed.

#### **Others Involved in Your Healthcare:**

Unless you object, we may disclose to a member of your family, a relative, close friend or any other person you identify, your PHI/ePHI that directly relates to that persons involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your

best interest based on our professional judgment. We may use or disclose your PHI/ePHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general care or death. Finally, we may disclose your PHI/ePHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

#### **Emergencies:**

We may use or disclose your PHI/ePHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of your treatment. If your physician or another physician of the practice is required by law to treat you and the physician has attempted to obtain your consent, he or she may still use or disclose your PHI/ePHI to treat you.

#### **Communication Barriers**

We may use or disclose your PHI/ePHI if your physician or another physician in the practice attempts to obtain consent from you and is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to the use or disclosure your PHI/ePHI to treat you.

#### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your PHI/ePHI in the following situations without your consent or authorization or opportunity to object.

**Required by law:** We may use or disclose your PHI/ePHI to the extent that the use or disclosure of your PHI/ePHI is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI/ePHI for public health information for public health activities and purposes to a public health authority, that is permitted by law to collect or receive information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI/ePHI if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI/ePHI if authorized by law, to a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may use or disclose your PHI/ePHI to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other governmental regulatory programs and civil rights laws.

**Abuse or Neglect:** We may use or disclose your PHI/ePHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may use or disclose your PHI/ePHI if we believe you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with requirements of applicable federal and state laws.

**Food and Drug Administration:** We may use or disclose your PHI/ePHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations,

track products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

**Legal Proceedings:** We may use or disclose your PHI/ePHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such a disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful purposes.

**Law Enforcement:** We may also disclose your PHI/ePHI, so long as applicable legal requirements are met for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may use or disclose your PHI/ePHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose your PHI/ePHI to a funeral director, as authorized by law, in order for the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI/ePHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI/ePHI.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI/ePHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military personnel if you are a member of that foreign military services. We may also disclose your PHI/ePHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your PHI/ePHI if you are an inmate of a correctional facility of a correctional facility and your physician created or received protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of §154.500 et seq.

## 2. Your Rights

Following is a statement of your rights with respect to your PHI/ePHI and a brief description of how you may exercise those rights.

**You have the right to inspect and copy your PHI/ePHI.** This means you may inspect and obtain a copy of your protected health information about you that is contained in a designated record set for as long as we maintain the PHI/ePHI. A “designated record set” contains medical and billing records and any other records that your physician and the practice uses for making decision about you. You may request a copy of your ePHI in electronic format.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to PHI/ePHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

**You have the right to request a restriction of your PHI/ePHI.** This means you may ask us not to use or disclose any part of you PHI/ePHI for the purposes of treatment, payment and operations. You may also request that any part of your PHI/ePHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Policies. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI/ePHI. If your physician does agree to the requested restriction, we may not use or disclose your PHI/ePHI in violation of that restriction unless it is needed for Emergency Room treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by discussing it with our Privacy Officer and signing the appropriate document.

**You have the right to request Self-Pay Services not be disclosed to your insurance. Please refer to Section 1 for complete details.**

**You have a right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking for information as to how payment will be handled or specification of alternative address or other method of contact. We will not request an explanation from you as to the basis of this request. Please make this request in writing to our Privacy Contact.

**You may have the right to have your physician amend your PHI/ePHI.** This means you may request an amendment of PHI/ePHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amendments to your medical record.

**You have the right to receive an accounting of disclosures we have made, if any, of your PHI/ePHI.**

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures. We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**You have a right to receive a paper copy of this notice upon request.**

### **3. Complaints**

You may complain to the Secretary of Health and Human Services if you believe your privacy have been violated by us. You may file a complaint with us by notifying out privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, Colleen Struebel at (716) 634-7350 for further information about the complaint process.

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