

Notice of Privacy Practices

Coastal Ear, Nose & Throat Associates

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.

I. OUR RESPONSIBILITIES

Coastal Ear, Nose & Throat Associates, is required by law to maintain the privacy of your protected health information and to provide you with this Notice that explains how, when and why we use and disclose your protected health information. We are required by law to follow the privacy practices that are described in this Notice. We reserve the right to change this Notice and our privacy policies at any time. Any such changes will apply to the protected health information we already have. Before we make an important change to our policies, we will change this Notice and post a new notice in our office. You can also request a copy of this Notice or any revised notice from the contact person listed at the end of this Notice.

II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Coastal Ear, Nose & Throat Associates uses and discloses the health information of its patients for many different reasons. In this Notice, to “use” protected health information means that we are sharing that information with someone who is a member of Coastal Ear, Nose & Throat Associates’ workforce. For some disclosures, we may need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures.

A. Uses and Disclosures of Your protected Health Information for Treatment Purposes Do Not Require Your Prior Written Consent. We may use and disclose your protected health information for the purpose of providing, coordinating or managing your health care and related services without obtaining your prior written consent. This means that all healthcare personnel who are involved in your care may have access to your protected health information for these purposes.

B. Uses of Your Protected health Information for Payment Purposes Do Not Require Your Prior Written Consent. We may use your protected health information for the purpose of getting paid for the healthcare services and items we provide to you.

C. Disclosures of Your Protected Health Information for Payment Purposes Require Your Prior Written Consent. North Carolina law requires us to get your written consent to the disclosure of your protected health information for payment purposes. If you are an existing patient, you have already signed a consent allowing us to share your protected health information with your health insurance company (or any other person or entity responsible for paying for your healthcare services) for payment purposes. If you are a new patient, you will be asked to sign consent during your first visit with us. Other than an emergency situation, we can refuse treatment to any patient who does not sign a consent allowing us to share protected health information with his or her insurance company or any other person or entity responsible for paying for your healthcare services.

D. Uses of Your Protected Health Information for our Healthcare Operations Do Not Require Your Prior Consent. We may use your protected health information in the operation of our practice for such purposes as developing procedures and protocols, reviewing the performance of your healthcare providers, training new healthcare providers, business planning and development, and general administrative activities without your written consent. Note that this list does not include every purpose for which we might use your protected health information for our healthcare operations.

E. Disclosures of Your Protected health Information for Our Healthcare Operations Requires Your Prior Written Consent. North Carolina law requires us to get your written consent to the disclosure of your protected health information for our healthcare operations. You will be asked to sign consent during your first visit beginning April 14, 2003. Other than emergency situations, we can refuse treatment to any patient who does not sign a consent allowing us to share protected health information for our healthcare operations. For example, after obtaining your consent, we may allow an independent consultant to review your medical record as part of risk management or billing compliance audit.

F. Certain Other Uses and Disclosures Do not require Your Prior Written Consent. We may use and disclose your protected health information without your consent or authorization for the following reasons:

I. When disclosure is required by federal or local law, judicial or administrative proceedings, or law enforcement.

II. For public health activities to avert a serious threat to health and safety. For example, we report information about certain diseases (such as West Nile virus and Lyme disease) to the local health department; we provide coroners, medical examiners and funeral directors necessary information relating to an individual's death; and we may provide information to law enforcement or another person if we believe, in good faith, that the use or disclosure is necessary to prevent serious and imminent threat to the health or safety of a person or the public.

III. For health oversight activities. For example, we may provide information to the government when it investigates or inspects our practice or another provider or facility.

IV. For certain research purposes. For example, if you agree to participate in a research study, we may provide your protected health information to the person or entity conducting the research.

V. For specialized government functions. For example, we may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by law.

VI. For worker's compensation. For example, we may disclose protected health information related to your workman's compensation claim to your employer's workers' compensation insurance carrier and to your employer who is paying us to provide services to you in connection with the claim.

VII. Appointment Reminders and Health Related Benefits or Service. We may use your protected health information to provide appointment reminders to you or to give you information about treatment alternatives or other healthcare services we offer.

G. Uses and Disclosures Where You Have the Opportunity to Object. We may provide protected health information to your family members, a friend or other person that you indicated is involved in your care or the payment of your health care, unless you object. In emergency situations, you will have the opportunity to object when you are able to do so. For example if you have an appointment with one of our doctors and you bring a family member or friend with you and ask them to sit in the examination room with you while the doctor performs an examination then the doctor may disclose protected health information to that family member unless you object. Additionally, if you come to our office alone and a physician decides to admit you directly to the hospital, we may contact a family member or friend to let them know that you have been admitted to the hospital, unless you object.

H. Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections II.a.-g. above, we will ask for your written authorization before using or disclosing

your protected health information. If you choose to sign an authorization to disclose your protected health information, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent we have not already taken action relying on your authorization).

III. YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the property of and belongs to Coastal Ear, Nose & Throat Associates, you have the following rights with respect to your protected health information:

A. The Right to Request Restrictions on Uses and Disclosures of Your Protected Health Information. You have the right to ask us to limit how we use and disclose your protected health information. We will consider your request, but are not legally required to accept it. If we do accept your request, we will note the accepted limitations in writing and follow those restrictions except in emergency circumstances. You may not limit the uses and disclosures that we are legally required to make.

B. The Right to Choose How We Send Protected Health Information. You have the right to ask that we send information to you to an alternate address (for example, sending information to your home address instead of your work address) or by alternate means (for example, by e-mail instead of regular mail). If we can easily provide the information in the format you request, then we must agree to your request and abide by it.

C. The Right to See and Get Copies of Your Protected health Information. In most cases you have the right to look at or get copies of your protected health information. You must make any request to look at or get copies of your protected health information in writing to the contact person identified below. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we deny your request, we must tell you, in writing, our reasons for denying your request and explain to you that you have the right to have our decision reviewed and how to start the review process. If you request copies of your protected health information, we will charge \$.50 for each page, \$10 per hour (\$10 minimum) for staff time and labor to locate and copy your health information, and postage if you want your health information mailed to you. Instead of providing the information, we may provide you with a summary or explanation and ask you to pay the cost for it in advance.

D. The Right to Get a List of Disclosures We Have Made. You have the right to get a list of the persons or entities with whom we have shared your protected health information outside of our practice; however, we are not required to list the following disclosures (1) disclosures made for treatment, payment or healthcare operations, (2) disclosures for which you have signed a consent or authorization (3) disclosures made to you, a family member or friend to which you did not object, (4) disclosures for national security or intelligence purposes, (5) disclosures to correctional institutions or law enforcement officials, (6) incidental disclosures made in connection with a permitted use or disclosure, or (7) disclosures made prior to April 14, 2003. You must make any requests for a list of disclosures in writing to the contact person listed below. We will respond to you within 60 days after receiving your written request. The list will include disclosures of your protected health information that have been made by us or our business associates during the 6 years prior to your request (but not before April 14, 2003) unless you request a shorter period. The list will include the date of each disclosure, the name and address (if known) of the person or entity to whom the disclosure was made, a description of the information disclosed, and the reason for the disclosure. If we are unable to provide a list within 60 days of your request, we will let you know in writing before the end of those 60 days that we are unable to do so and will provide the list to you no later than 90 days following our receipt of your request for the list. We will provide this list to you at no charge; however, if you request more than 1 list during any 12-month period, we will charge \$10 for each additional list requested during that period.

E. The Right to Correct or Update Your Protected Health Information. If you believe there is a mistake in your protected health information or that a piece of important information is missing, you have the right to request that we correct the information or add the missing information. You must make requests for a correction of the information in writing to the contact person identified below on the forms we will provide to you. Your request must include a reason for the proposed change. We will respond within 60 days of receiving your written request. We may deny your request in writing if (1) the information we have is correct and complete, (2) the information you want to change was not created by us, (3) the information you want to change is information which you would not be allowed to look at or copy by law (4) the information you want to change is not a part of our records. Our written denial will include the reason we are denying your request and will explain your right to file a written statement of disagreement with the denial, including the forms to be used to make such a filing. If you do not file a written statement of disagreement, you have the right to ask us, in writing, to attach your initial request and our denial to all future disclosures of the affected information. If you do not make such a request, we are not required to include the request and denial with any future disclosures. If you do file a written statement of disagreement, we have the right to prepare and provide a written rebuttal to your statement. Thereafter, we must include your initial request, our denial, your written statement of disagreement and our rebuttal whenever we disclose the affected information. If we approve your request, we will make the requested change to your information, tell you that we have made the change and get a list from you of other persons who need the changed information, and then notify those persons you have identified, as well as those of whom we are aware, who need to know about the change of your information. If we are unable to respond to you within 60 days following your request, we will let you know in writing before the end of those 60 days that we are unable to do so and will provide our response to you no later than 90 days following our receipt of your request for the change.

F. The Right To Obtain a Paper Copy of this Notice. You have the right, at any time, to get a paper copy of this notice.

IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we have violated your privacy rights or you disagree with a decision we made about access to your protected health information, you may file a complaint with the person listed below. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services, 200 Independent Avenue, S.W., Washington DC, 20201. No adverse action will be taken by us against you for filing a complaint.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES:

If you have any questions about this Notice or have any complaints about our privacy practices, or would like assistance, including the appropriate forms to use, in exercising ANY OF THE RIGHTS LISTED IN section III above or would like to know how to file a complaint please contact:

Amy Davis
Privacy Officer
3110 Wellons Blvd.
New Bern, NC 28562

VI. EFFECTIVE DATE OF THIS NOTICE: This Notice is effective April 14, 2003.