

**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.**

**Notice of Ear, Nose & Throat Associates Privacy Practices**

**Purpose of this Notice**

We are required by law to maintain the privacy of your protected health information (PHI). This notice applies to all records of the health care and services you received at Ear, Nose & Throat Associates of Mountain Home, PA (ENTAMH). This notice will tell you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

**Who Will Follow this Notice**

This notice describes ENTAMH's privacy practices, as well as the privacy practices of:

- A. any health care professional authorized to enter information into your ENTAMH medical record;
- B. all departments of ENTAMH;
- C. any member of a volunteer group that interacts with you while you are at ENTAMH; and
- D. all employees, staff, and other ENTAMH personnel.

**ENTAMH's Commitment**

We are required by law to:

- A. make sure that your PHI is kept private;
- B. give you this notice of our legal duties and privacy practices with respect to your PHI;
- C. follow the terms of this notice as long as it is currently in effect. If we revise this notice, we will follow the terms of the revised notice as long as it is currently in effect;
- D. train our personnel concerning privacy and confidentiality; and
- E. mitigate (lessen the harm of) any breach of privacy/confidentiality.

**Understanding Your Health Record**

Each time you visit ENTAMH physician a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for care or treatment. This information, often referred to as your health or medical record, serves as a:

- A. basis for planning your care, treatment and any follow up care you may need;
- B. means of communication among the many health professionals who contribute to your care;
- C. legal document describing the care you received;  
means by which you or a third-party payer (for example, insurance carriers, Medicare, Medicaid) can verify that services billed were actually provided;
- D. tool in educating health professionals;
- E. source of information for medical research;  
source of information for public health officials charged with improving the health of the nation;
- F. source of information for facility planning and marketing; and
- G. tool which can be used to assess and continually improve the care rendered and the results achieved.

Understanding what is in your record and how your health information is used helps you to:

- A. ensure its accuracy;
- B. better understand who, what, when, where and why others may access your health information; and
- C. make more informed decisions when authorizing disclosure to others.

**How We May Use and Disclose Information about You**

The following categories (listed in bold-face print, below) describe different ways that we use and disclose your **protected health information (PHI)**. For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information fall within the categories below.

**For Treatment.** We are permitted to use and disclose your PHI to doctors, nurses, or other personnel who are involved in taking care of you at ENTAMH or provide you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that the dietitian can arrange for appropriate meals. Different departments of ENTAMH also may share your PHI in order to coordinate the different services that you need, such as audiology and allergy referrals, and prescriptions. We also may disclose your PHI to health care providers outside ENTAMH who may be involved in your medical care, such as physicians who will provide follow-up care, physical therapy organizations, medical equipment suppliers, and skilled nursing facilities.

**For Payment.** We are permitted to use and disclose your PHI so that the treatment and services you receive at ENTAMH may be billed to (and payment may be collected from) your insurance company or a third party. For example, we may need to give your health plan information about the surgery you received at ENTAMH so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**To Business Associates for Treatment, Payment and Health Care Operations.** We are permitted to disclose your PHI to our business associates in order to carry out treatment, payment or health care operations. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf to help us obtain payment for the health care services we provide.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment at ENTAMH.

**As Required By Law.** We will disclose your PHI when required to do so by federal, state, or local law.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Workers' Compensation.** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**When Your Authorization is Required**

Uses or disclosures of your PHI for other purposes or activities not listed above will be made only with your written authorization (permission). If you provide us authorization to use or disclose your PHI, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission.

An authorization form is available electronically at <https://www.entamh.com>

You may obtain a paper authorization form by contacting:

Ear, Nose & Throat Associates of Mountain Home, PA

626 Burnett Drive

Mountain Home, AR, 72653

(870) 424-4200 ext. 11

Fax (870) 424-4327

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