



Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601

Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522

Office: 717-733-4891
www.TheENTCenterpa.com

Notice of Privacy Practices

THIS NOTICE (“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.

A federal regulation, known as the Health Insurance Portability and Accountability Act of 1996, as amended (the “HIPAA Privacy Rule”), requires that we provide detailed notice in writing of our privacy practices. This Notice is intended to fulfill that requirement.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called “protected health information.” Hereinafter, the term “PHI” shall refer to protected health information about you.

This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI;
- Give you this Notice of our legal duties and privacy practices with respect to PHI;
- Comply with the terms of our Notice of Privacy Practices that is currently in effect; and
- Notify you following a breach of unsecured PHI.

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we maintain. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official identified on the last page of this Notice.

You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations without your consent or authorization. The examples included in each category are meant for illustrative purposes and do not include every type of use or disclosure that may fall within that category.



Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601

Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522

Office: 717-733-4891
www.TheENTCenterpa.com

Treatment: We may use and disclose PHI to provide, coordinate, or manage your health care and related services. For example, we may use and disclose PHI for the following purposes:

- We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an X-ray, or other health care services.
- We may use and disclose PHI when referring you to another health care provider. For example, if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications.
- In emergencies, we may use and disclose PHI to provide you with the treatment you need.
- We may disclose PHI for the treatment activities of another health care provider. For example, we may send a report about you containing PHI to a physician that we refer you to so that the other physician may treat you.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you, subject to limitation. For example, we may use and disclose PHI for the following purposes:

- Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive, subject to limitation, in order to obtain the health plan's approval for payment.
- We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services.
- We may use and disclose PHI for billing, claims management, and collection activities.
- We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.
- We may disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of such health care provider, company, or health plan (e.g., we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care).

Health Care Operations: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. Some of the health care operations for which we may use and disclose PHI include:

- Reviewing and improving the quality, efficiency, and cost of care that we provide to our patients. For example, we may use PHI to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others.
- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives and educational classes.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.



Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601

Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522

Office: 717-733-4891
www.TheENTCenterpa.com

Cooperating with outside organizations that assess the quality of the care that we provide, and those organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing.

- Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Assisting us in making plans for our practice's future operations.
- Resolving grievances within our practice.
- Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
- Business planning and development, such as cost-management analyses.
- Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating "de-identified" information that is not identifiable to any individual, and disclosing PHI to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.
- Creating a "limited data set" of information that does not contain information directly identifying a patient. Our ability to disclose this information to others under limited conditions is discussed later in this Notice.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule also has or once had a relationship with you, we may disclose PHI for certain health care operations of that health care provider or company. For example, such health care operations may include: reviewing and improving the quality, efficiency, and cost of care provided to you; reviewing and evaluating the skills, qualifications, and performance of health care providers; providing training programs for students, trainees, health care providers, or non-health care professionals; cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; and assisting with legal compliance activities of that health care provider or company.

We may also disclose PHI for the health care operations of any "organized health care arrangement" in which we participate. An example of an organized health care arrangement is the joint care provided by a hospital and the physicians who see patients at the hospital.

Communication From Our Office: We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Services for Which You Pay in Full: Notwithstanding the examples above relating to uses and disclosures of PHI for payment and health care operations, you may request that we restrict the disclosure of PHI if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person other than the health plan on behalf of you, have paid us in full.



Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601
Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522
Office: 717-733-4891
www.TheENTCenterpa.com

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT

Individuals Involved in Your Care or Payment for Your Care: We may use and disclose PHI in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI. If you do not object, we may make these types of uses and disclosures of PHI.

- We may disclose PHI to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care; however, if you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object.
- If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment.
- We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification.
- We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other things that contain PHI.

Fundraising Efforts: We may contact you and use your health information for fundraising purposes; however, you may opt out of receiving such communications.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR PROVIDING YOU WITH AN OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Required By Law: We may use and disclose PHI as required by federal, state, or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;



Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601

Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522

Office: 717-733-4891
www.TheENTCenterpa.com

- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses, or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect and such reporting is otherwise required by law. In most circumstances, we will inform you of such disclosure.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.



Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601

Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522

Office: 717-733-4891
www.TheENTCenterpa.com

Research: We may use and disclose PHI for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent or lessen the threat.

Specialized Government Functions: Under certain conditions, we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the President of the United States and others;
- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations or for general safety and health related to correctional facilities.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI (these requests are described in Section III of this Notice).

Incidental Disclosures: We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

Limited Data Set Disclosures: We may use or disclose a limited data set, which is PHI that has certain identifying information removed, for the purposes of research, public health, or health care operations. This information may only be disclosed for research, public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WHICH REQUIRE YOUR AUTHORIZATION

For the following uses and disclosures, we must first obtain your authorization:

- **Psychotherapy Notes.** With limited exceptions, we must obtain your authorization for any use or disclosure of your psychotherapy notes that we maintain.



Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601

Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522

Office: 717-733-4891
www.TheENTCenterpa.com

- **Marketing.** We must obtain an authorization for any use or disclosure of PHI for marketing purposes, except if the communication is in the form of (1) a face-to-face communication made by us or one of our physicians to you, or (2) a promotional gift of nominal value.
- **Sale of Protected Health Information.** We must obtain your authorization prior to receiving direct or indirect remuneration in exchange for PHI; however, such authorization is not required where the purpose of the exchange is for:
 - Public health activities;
 - Research purposes, provided that we receive only a reasonable, cost-based fee to cover the cost to prepare and transmit the information for research purposes;
 - Treatment and payment purposes;
 - Health care operations involving the sale, transfer, merger or consolidation of all or part of a covered entity and for related due diligence;
 - When we provide payment to a business associate for activities involving the exchange of PHI that the business associate undertakes on our behalf (or a subcontractor undertakes on behalf of a business associate) and the only remuneration provided is for the performance of such activities;
 - Providing you with a copy of PHI or an accounting of disclosures;
 - Disclosures required by law;
 - Disclosures of PHI for any other purpose permitted by and in accordance with the HIPAA Privacy Rule, as long as the only remuneration we receive is a reasonable, cost-based fee to cover the cost to prepare and transmit PHI for such purpose or is a fee otherwise expressly permitted by other law; or
 - Any other exceptions allowed by the Department of Health and Human Services.

Other Uses and Disclosures: Other uses and disclosures not described in this Notice will be made only with your written authorization, which you may revoke by providing the Privacy Official with written notice of your desire to revoke such authorization. Such revocation will be effective once received by the Privacy Official, except to the extent that we have already acted in reliance on your authorization or, if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI:

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the HIPAA Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict



Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601

Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522

Office: 717-733-4891
www.TheENTCenterpa.com

the information (for example, restricting use to this office, only restricting disclosure to persons outside this office or restricting both); and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate only *reasonable* requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

Right to Amend: You have the right to request that we amend PHI to the extent that such information is maintained by our office. To make this type of request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including, but not limited to, if the request is not made in writing or if you do not give us a reason for the request.

Right to Receive an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures that we have made of PHI. This is a list of disclosures made by us during a specified period of up to 6 years from the date of your request, *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization by you or your personal representative; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; and as part of a limited data set of information that does not directly identify you. If you wish to make such a request, please contact our Privacy Official in writing. The first accounting that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional accountings in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before such costs are incurred.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact



Lancaster Office:
810 Plaza Boulevard
Lancaster, PA 17601
Office 717-394-5088
Fax 717-394-5590

Ephrata Office:
561 W. Trout Run Road
Ephrata, PA 17522
Office: 717-733-4891
www.TheENTCenterpa.com

our Privacy Official in writing at the address listed below. We will not retaliate or take action against you for filing a complaint.

V. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

VI. HEALTH INFORMATION EXCHANGES

We participate in initiatives to facilitate electronic sharing of patient information, including but not limited to Health Information Exchanges (HIEs). HIEs involve coordinated information sharing among HIE members for purposes of treatment, payment, and health care operations. You may opt out of The ENT Center information sharing through its HIE activities. If you wish to opt out, please speak with your patient/customer services associate or contact the Privacy Office as described below.

VII. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact our Privacy Official at the following address and phone number:

Privacy Official Marie Anderson
Address 810 Plaza Blvd., Lancaster, PA 17601
Telephone 717-394-5088

Last revised December 27, 2021.