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.

# We are Committed to Your Privacy

ENT and Allergy, LLP is committed to maintaining the privacy of your health information. We use a secure electronic health record to store your information. We will only use or disclose (share) your health information as described in this Notice. You will be asked to sign an acknowledgment that you have received this Notice.

# Who Follows This Notice

All employees, medical staff, trainees, students, volunteers, and agents of ENT and Allergy, LLP, follow these privacy practices at ENT and Allergy, LLP’s clinical offices.

If ENT and Allergy, LLP health care professionals provide you with treatment or services at other locations, the Notice of Privacy Practices you receive there will apply.

# Using and Sharing Your Information

This section describes the different ways that we may use and share your information.

We mainly use and share your information for treatment, payment, and healthcare operation purposes.

* **For Treatment**. We can use your health information and share it with other healthcare providers for treatment purposes. For example, we can share your information with a physician who is treating you or with a pharmacy that is filling your prescription. We can also use your information to send you appointment reminders.
* **For Payment**. We can use and share your health information to receive payment for the services we provide. For example, we can share information with your insurance plan to collect payment for health care services or to get pre-approval for your treatment; and
* **For Health Care Operations**. We can use and share your health information to run our practice, improve your care, contact you when necessary, educate our professionals, and evaluate provider performance.

Sometimes we may share your information with our business associates, such as a billing service, who help us with our business operations. All our business associates must protect the privacy and security of your health information just as we do.

Special protections apply if we use or share sensitive health information. This includes HIV- related information, mental health information, substance abuse treatment information, or genetic information. For example, under New York State Law, confidential HIV-related information can only be shared with persons allowed to have it by law, or persons you have allowed to have it by signing a specific authorization form. If your treatment involves this information, you may contact the Privacy Officer for further explanation.

We are also allowed and sometimes required by law to share your information in other ways. We have to meet many conditions in the law before we can share your information for the following reasons.

* **Public health and safety**: We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse or neglect, and preventing, or reducing a serious threat to anyone’s health or safety.
* **Research:** We can use or share your information for health research, but will most likely need to obtain a separate consent from you.
* **Required By Law**: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we are complying with federal privacy law.
* **Lawsuits and Legal Actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena subject to additional state law confidentiality protections.
* **Workers’ compensation, law enforcement, and other government requests:** We can use or share health information about you for workers’ compensation claims, for certain law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military and national security.
* **Organ and Tissue Donation**. If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank.
* **Coroners, Medical Examiners, and Funeral Directors.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
* **Incidental to a permitted use or disclosure:** Incidental uses and disclosures of protected health information, such as by calling your name in a waiting area for an appointment where others in the waiting area may hear your name called, may occasionally occur. We make reasonable efforts to limit these incidental uses and disclosures.

We also may contact you about fundraising for ENT and Allergy, LLP. You have the right to opt out of fundraising communications. You can do this by contacting the ENT and Allergy, LLP Marketing Office at [Marketing@entandallergy.gom](mailto:Marketing@entandallergy.gom) by phone at 914-984-2531

In the following situations, we may be required to obtain written permission to share your information:

* + For marketing purposes
  + Sale of your information
  + Most sharing of psychotherapy notes

# Your Rights

When it comes to your health information, you have certain rights. You may:

* Review or get an electronic or paper copy of your medical record, including billing records. You may be charged a reasonable cost-based fee for your records. You can also access your health information directly using our secure patient portal, <https://patientportal.intelichart.com/login/Account/Login/150101049236090021136058219196144031011035066056?ReturnUrl=/&EFID=150101049236090021136058219196144031011035066056>. In certain situations, we may be authorized to deny your request for access.
* Request confidential communications. You can ask us to contact you in a certain way (for example, by cell phone) or to send mail to a different address. We try to say “yes” to all reasonable requests.
* Ask us to limit what we use or share for your treatment, payment, and our healthcare operations. We are not required to agree to your request, and we may say “no” if it would affect your care, but we will review your request. When you pay for services out-of-pocket, in full, and ask us not to share that information with your insurance plan, we will agree unless a law requires us to share that information.
* Ask us to correct your medical record if you think it is inaccurate or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
* Get a list of those with whom we have shared information. You can ask for a list (accounting) of the times we shared your information and why for the six years prior to your request. Not all disclosures will be included in this list, such as those made for treatment, payment, or health care operations. You have the right to get this list one time every 12 months without charge, but we may charge a reasonable, cost-based fee if you ask for another one within 12 months.
* Get a copy of this Privacy Notice. Just ask us and we will give you a copy in the format you would like (paper or electronic).
* Choose someone to act for you. This “personal representative” can exercise your rights and make choices about your health information. Generally, parents and guardians of minors will have this right for the child, unless the minor is permitted by law to act on their own behalf.
* Request additional privacy protections with respect to your electronic medical record. We will make reasonable attempts to respect your request.
* File a complaint if you feel your rights were violated. We will not retaliate against you for filing a complaint.
  + - To file a complaint with our office, contact our Privacy Officer, Isabelle Kennedy, at 660 White Plains Road, Ste. 400; Tarrytown, NY 10591; tel. (914) 846-2464 or [compliance@entandallergy.com](mailto:compliance@entandallergy.com)
    - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**

# Our Responsibilities

* We are required by law to maintain the privacy of your protected health information.
* We will promptly notify you if a breach occurs that may have compromised the privacy or security of your identifiable information.
* We must follow the practices described in this Notice and give you a copy.
* We will not use or share your information other than as described here or as permitted by law, unless you tell us we can in writing. If you tell us we can, you may change your mind anytime. Please let us know in writing if you change your mind.

**Changes to the Terms of the Notice**

We reserve the right to change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request in our office and on our website at entandallergy.com

**Questions or Concerns**

If you have a question or wish to exercise your rights described in this Notice, please contact the appropriate clinical office or our Privacy Officer, Isabelle Kennedy, at 660 White Plains Road, Ste. 400; Tarrytown, NY 10591; tel. (914) 846-2464 or [compliance@entandallergy.com](mailto:compliance@entandallergy.com). For more information or to get a request form, contact the Privacy Officer or visit [www.entandallergy.com](http://www.entandallergy.com/).

***This Notice is effective as of 03/15/23***