



## 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.**

### **YOUR RIGHTS**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. A copy of this Notice can be obtained on our website at [www.entandallergy.com](http://www.entandallergy.com).

**Inspect and Copy.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You must submit a written request to your physician in order to inspect and/or obtain a copy of your health information. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Request an Amendment.** You can ask us to correct health information about you that you think is incorrect or incomplete. To request an amendment, complete and submit a *Request for Amendment of Protected Health Information (PHI)*. We may deny, or say “no” to your request for an amendment, but will tell you why in writing within 60 days.

**Request Confidential Communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. To make a request for confidential communications, you must complete

and submit the *Request for Restriction Confidential Communication*. We will accommodate all reasonable requests.

**Request Restrictions.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Unless required by law to share that information, these request are approved or we be approved. To request a restriction on the health information we use or disclose about you, you must submit a written request by completing our *Request for Restrictions on Use and Disclosure* form.

**Request an Accounting of Disclosures.** 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. To obtain this list, you must submit in writing your request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). 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.

**Right to a Copy of This Notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act on your behalf before we take any action.

**File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer, Astarla N. Crews at 560 White Plains Road, Ste. 615; Tarrytown, NY 10591; tel. (914) 333-5896 or

[compliance@entandallergy.com](mailto:compliance@entandallergy.com). We will not intimidate and/or retaliate against any individual who, in good faith, reports a complaint.

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](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

### **USES AND DISCLOSURES**

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**For Treatment.** We can use your health information and share it with other healthcare professionals who are treating you. We may use and disclose your protected health information to provide, coordinate, or manage your medical treatment and related services. For example, your physician may ask another physician about your overall health condition.

**For Health Care Operations.** We can use and share your health information to run our practice, improve your care and contact you when necessary. For example, we may also use your health information about you to manage your treatment and services.

**For Payment.** We can use and share your health information to bill and get payment from health plans or other entities. For example, we 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.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Public Health Activities** 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, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Research.** We can use or share your information for health research.

**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're complying with federal privacy law.

**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.

**Address workers' compensation, law enforcement and other government requests.** We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**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.

Most disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute the sale of your health information require your prior written authorization. We may, however, provide you with marketing materials in a face to face encounter without your authorization or communicate with alternatives or other health

related products and services that may be beneficial to you in relation to your treatment.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization from you. In order to disclose these types of records for purposes of treatment, payment and health care operations, we will have a special written authorization that complies with the law governing HIV or substance abuse records, when required by applicable law.

### **YOUR CHOICES**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, let us know.

**Family and Friends.** We may disclose to your family members or friends health information about you which is directly relevant to their involvement in your care or payment for your care, if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. Additionally, we may use or disclose your protected health information to notify or assist in the notification of a family member or friend responsible for your care or your location, general condition or death.

### **OUR RESPONSIBILITY**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach

occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time. Please let us know in writing when you have changed your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consomers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consomers/noticepp.html).

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all inform

***This notice is effective as of October 16, 2018***