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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.

UNDERSTANDING YOUR HEALTH RECORD INFORMATION-often referred to as PHI (***protected health information***).

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made.

Typically, this record contains your symptoms, medications, examination notes, tests and results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record or PHI (protected health information), serves as:

- a basis for planning your care and treatment
- a means of communication among the many health professionals who contribute to your care
- a legal document describing the care you received
- a means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- an understanding of what is in your record and how your health information is used to help you:
 1. ensure accuracy
 2. better understand who, what, when, where, and why others may access our medical records (*explained in more detail below*)
 3. make more informed decisions when authorizing disclosure to others

WE WILL USE AND DISCLOSE YOUR INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS. We are permitted by law to use or disclose your health information **without your specific authorization** for the purposes of treatment, payment, and health care operations.

Examples of Disclosures for Treatment, Payment, and Health Operations:

- **We will use your health information for treatment.**

For example, we will use your health information to provide medical services to you, including verifying insurance eligibility when you schedule an appointment, therefore, our staff will have access to your health information. Our staff is trained in privacy issues. We may also provide your health information to other health care providers involved in your care to assist them in providing medical services to you.

- **We will use your health information for payment.**

For example, a bill may be sent to you or your insurance company. The information on or accompanying the bill or claim will include information that identifies you, as well as your diagnosis, procedures, and supplies used. We also may disclose health information to your health plan or health insurer when they require pre-authorization of a recommended procedure.

- **We will use your health information for regular health operations.**

For example, for scheduling, conducting quality assessments, case management and coordination, auditing of records for coding and billing patterns, or to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

DESCRIPTION OF OTHER PURPOSES WE MAY USE/DISCLOSE YOUR PHI:

- **Business Associates**

Certain business operations may be performed by other businesses. We refer to these companies as “business associates”. Examples include: contract consultants, diagnostic services, certain laboratory tests, and a billing service to mail out your statements. In order for these business associates to perform the required service, we may need to disclose your PHI to them so that they can perform the job we’ve asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information with a HIPAA-required Business Associate Agreement.

- **Notification purposes**

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition

- **Communication with family**

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care. You may also request a PHI Registration Form to identify persons that you approve our practice to communicate with regarding your medical care.

- **Research**

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information and for which you have signed an authorization.

- **Marketing**

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- **Appointment reminders**

Our practice attempts to contact you with appointment reminders to confirm your scheduled appointment. Per HIPAA requirements, we will leave minimal necessary information for that reminder with a family member, if they answer the phone, or on your answering machine.

- **Food and Drug Administration (FDA)**

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- **Workers Compensation**

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

- **Public Health**

As required by law, we may disclose your health information to the public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- **Law enforcement**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Inspect and/or obtain copies of your health record (*fees may be applicable for copies/forms*).
- Request a restriction on certain uses and disclosures of your information
- You have the right to request that we do not disclose your information to your insurance company with a properly signed authorization form AND payment in full at the time of service. This restricts our clinic from sending a bill or specified medical records to your insurance company. Our practice will keep this Restriction Request in your medical record with a notation on your billing account, until you revoke the request in writing.
- Request an amendment to your health information that we have created.
- Obtain an accounting of certain disclosures of your health information

- Request communications of your health information by alternative means or at alternative locations, for example, faxed to you at work or mailed to a special address.
- The Right to be Notified by our practice following a breach of unsecured protected health information

OUR RESPONSIBILITIES

This organization is required to:

- maintain the privacy of your health information.
- provide you with a notice as to our legal duties and privacy practices
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- If a use or disclosure of your health information is not permitted under law without a written authorization, we will not use or disclose your health information without specific written authorization.
- You may, at any time, revoke a written authorization, except to the extent that we have already taken action in reliance of your authorization. This revocation must be a written request.
- If a breach should happen, our practice will send affected individuals notification of the breach.

We reserve the right to change our privacy policies and to make the new provisions effective for all of your health information we already have, as well as any health information we receive or create in the future. Should our privacy practices change, we will post a copy of the revised Notice in our waiting area. You may request and obtain a copy of our Notice of Privacy Practices anytime you visit our office.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at your doctor's office.

If you believe your privacy rights have been violated, you may file a written complaint to the Office Manager.