

# Notice of Privacy Practices

Effective Date: January 1, 2012

Fayette Ear, Nose, Throat & Allergy  
110 Daniel Drive; Suite 14  
Uniontown, PA 15401  
(724) 430-0310

*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.*

*When visiting our office, you will be asked to acknowledge in writing your receipt of this notice.*

We are committed to maintaining the complete confidentiality of our patients' medical record. All physicians, employees and any business associates whom we share health information will follow this notice.

We may use or disclose your medical information for the following purposes: Treatment, Payment or Health Care Operations.

**Treatment** - We may use and disclose your medical information to another physician as part of a referral for further diagnosis.

**Payment** – We may use medical information about you for obtaining reimbursement for services rendered and verifying insurance eligibility.

**Health Care Operations** – We may use medical information about you for normal health care operations such as auditing functions, quality assessment activities.

We may use or disclose medical information about you without prior authorization for limited purposes permitted under the Federal Privacy Rule.

We may release medical health information for public health purposes such as: reporting disease, injury, vital events or product/device recalls.

We may disclose medical information when required by law or certain judicial or administrative proceedings such as in response to a court order or subpoena.

We may disclose medical information about you to a family member or friend who is involved or assist with your medical care.

We may contact you regarding appointment reminders, treatment options or referrals.

We may disclose medical information about you to a medical examiner, coroner, funeral director or correctional institution.

Other uses and disclosures not covered in this notice will be made only with your written permission. If you do not permit another use or disclosure of you medical information, you can cancel your permission in writing. Keeping in mind that any disclosure already sent cannot be taken back.

**Your Rights Regarding Your Medical Information**

-By presenting a written request, you have the right to inspect and copy your medical information. However, we may charge a fee for copying/mailing of those records.

-You have the right to request (in writing) restrictions on certain uses and disclosures of your medical information. We will make consideration to your request but are not legally required to accept it. If we agree to your restrictions, we are bound by our agreement except when otherwise required by law or in an emergency. We will inform you of our decision regarding your request.

-You may submit in writing a request to have your medical information amended if you feel it is incorrect or incomplete. We may deny your request if we feel the information is accurate; the information was not created by us or is not part of the medical record maintained by us. You will be informed if your request is denied.

-You have the right to receive a list of disclosures of your medical information. Your request must state a time period.

-You have the right to request that your medical information be communicated in a confidential manner such as alternative locations.

-You have the right to request a copy of this Privacy Notice at any time by contacting us at: 110 Daniel Dr; Suite 14; Uniontown, PA 15401.

-If you wish to exercise any of your rights please contact us at 110 Daniel Dr; Suite 14; Uniontown, PA 15401.

If you believe that your privacy rights have been violated you may file a written complaint to the Privacy Officer at: 110 Daniel Dr; Suite 14; Uniontown, PA 15401 or you may also submit your complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Any complaints filed against our practice will not be means for penalizing you.

We reserve the right to amend this notice. Changes will apply to medical information we already hold. A current copy of our Privacy Notice will be displayed in our office.