submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy - You have the right to inspect and copy Health Information that may be used or disclosed about you. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Virginia Ear, Nose & Throat Associates, ATTENTION: Medical Records, 3450 Mayland Court, Richmond, VA 23233. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records - If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request, in writing, to Virginia Ear, Nose & Throat, ATTENTION: Security Officer, 161 Wadsworth Drive, Richmond, VA 23236.

Right to an Accounting of Disclosures - You have the right to request an accounting of disclosures, you must make your request, in writing, to Virginia Ear, Nose & Throat, ATTENTION: Security Officer, 161 Wadsworth Drive, Richmond, VA 23236.

Right to Request Changes to Health Information - We reserve the right to change this notice and make new disclosures of your Health Information as of the effective date on the first page, in the top right-hand corner. If we change the notice, we will give you a copy of the new notice at your next appointment and we will provide a copy of the new notice to any person at any time, in the top right-hand corner. If you have any questions about this notice, please contact our Privacy Officer, Tammy Myers, or 804-282-0464

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Amend - If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend it. You must make your request, in writing, to Virginia Ear, Nose & Throat, ATTENTION: Security Officer, 161 Wadsworth Drive, Richmond, VA 23236.

Right to Request Restrictions - You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. We may not agree to your request unless you are an individual with a legal right to control medical information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Virginia Ear, Nose & Throat Associates, ATTENTION: Privacy Officer, 3450 Mayland Court, Richmond, VA 23233. We are not required to agree to your request unless you are asked to restrict the use and disclosure of your Health Information for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your restrictions unless the disclosure is required by law to be made or use of the information is necessary to provide you with emergency treatment.

Out-of-Pocket-Payments - If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request except where we are required by law to make a disclosure.

Right to Request Confidential Communications - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Virginia Ear, Nose & Throat Associates, ATTENTION: Privacy Officer, 3450 Mayland Court, Richmond, VA 23233. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive the notice electronically, you still are entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.virginiaent.com. To obtain a paper copy of this notice, you must make your request, in writing, to Virginia Ear, Nose & Throat, ATTENTION: Security Officer, 161 Wadsworth Drive, Richmond, VA 23236.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already disclosed to others. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

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 Security Officer. All complaints must be made in writing to Virginia Ear, Nose & Throat Associates, ATTENTION: Security Officer, 161 Wadsworth Drive, Richmond, VA 23236. You will not be penalized for filing a complaint.

Effective Date: Sept. 2013

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.

If you have any questions about this notice, please contact our Privacy Officer, Tammy Myers, at myerst@virginiaent.com or 804-282-0464

OUR OBLIGATIONS:

We are required by law to:

• Maintain the privacy of protected health information
• Give you this notice of our legal duties and privacy practices regarding health information about you
• Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by contacting our practice Privacy Officer.

For Treatment - We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment - We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received.
As Required by Law - We may disclose Health Information when necessary to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report readvocacy; we may release Health Information to friends or family to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care - When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family members or other loved ones or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research - Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may disclose Health Information to providers to perform information technology services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. Business associates and our organizations that handle your information on our behalf are required to use or disclose Health Information only when necessary to provide the services specified in our contract.

Military and Veterans - If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers’ Compensation - We may release Health Information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks - We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report readvocacy; we may release Health Information to friends or family to remind you that you have an appointment with us. We also may notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if an animal has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, civil rights, and care coordination and case management activities conducted by or at the request of a state or federal health department. We may disclose Health Information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes - We may use or disclose your Protected Health Information to provide legally required notices of unauthorized disclosures of your Protected Health Information. We may disclose your Protected Health Information when required by law. For example, we may disclose Health Information to authorized government officials for inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Disaster Relief - We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Inmates or Individuals in Custody - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the health care of the inmate or patient, (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT - We will give you an opportunity to agree or object to the use or disclosure of your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose your Protected Health Information as necessary if we determine that it is in your best interest based on our professional judgment.

Your Right to Request Privacy Protection - Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose your Protected Health Information as necessary if we determine that it is in your best interest based on our professional judgment.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES - The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the law will be made only with your written authorization. If you do not give us an authorization, you may revoke it at any time by...