



**Cumberland
Otolaryngology
Consultants, PSC**

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!

Cumberland Otolaryngology is permitted by federal privacy laws to make uses and disclosures of your protected health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and health care providers consulted regarding your healthcare, and future care and treatment. It also includes billing documents for those services.

HOW WEY MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We must have you written, signed consent to use and disclose health information for the following purposes:

For treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, your doctor may be treated by you for a heart condition and may need to know if you have other health problems, that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition that doctor can help determine the most appropriate care for you. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering X-rays. Family members and other healthcare providers may be part of your medical care outside this office and may require information about you that we have.

For payment: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your plan information about a service you received here so that your health plan will pay us or reimburse you for the service. We may also 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.

For Healthcare Operations: We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time.

If you do revoke your consent, we will not be permitted to use or disclose information for purposes of treatment, payment or health care operations, and we may therefore choose to discontinue providing you with healthcare treatment and services.

YOUR HEALTH INFORMATION RIGHTS

The health care billing records we maintain are the physical property of the doctor's office. You have the following rights with respect to your protected health information.

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office; we are not required to grant the request but we will comply with any request granted.
2. Obtain one paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office.
3. Right to inspect and/or obtain one free copy of your health record. You may exercise this right by delivering the request in writing to our office using the form we provide you upon request. (Please allow 24 hours to fill your request). You may appeal a denial of access to your protected health information except in certain circumstances.
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
5. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request or disclosures made to family members or representatives in the course of providing care.
6. Right to confidential communication by requesting communication of your health information be made by alternative means or an alternative location by delivering the request in writing to our office using the form we give you upon request.

If you want to exercise any of the above rights, please contact our privacy office in person or in writing during normal hours. S[he] will provide you with assistance on the steps to take to exercise your rights.

SPECIAL SITUATIONS

We may use or disclose information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations.

Victims of abuse. We can disclose protected health information to governmental authorities to the extent authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

To avert a serious threat to health or safety. We may use and disclose health information about you when necessary to present a serious threat to your health and safety or the health and safety of the public or another person.

Required by law. We will disclose health information about you when required to do so by federal, state or local 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 band as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers compensation. We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public health risks. We may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health oversight activities. We may disclose health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and disputes. If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law enforcement. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

Correctional Institutions. If you are an inmate of a correctional institution we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death.

Family and representative(s). We may disclose health information about you to your family members or representatives if we obtain your written agreement to do so. We may also disclose health information to your family or representatives in the event of a medical emergency.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity), we may, using our professional judgment, determine that a disclosure to your family member or representative is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in our case.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use nor disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may remove that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you by the reasons covered in your written authorization, but we cannot take back any disclosure already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization that complies with the law governing HIV or substance abuse records (separate from the authorization and consent mentioned above) from you.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its

effective date in the top right around corner. You are entitled to a copy of the notice currently in effect.

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 without office, contact our privacy office. You will not be penalized for filing a complaint.

THIS NOTICE WILL BE POSTED ON OUR WEBSITE, WWW.KYENT.COM

I have read and understand the Notice of Privacy Practices for Cumberland Otolaryngology Consultants, PSC. I understand that this organization has the right to change its notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

Patient Name _____

Signature _____ **Date** _____

Witness _____ **Date** _____