



## PATIENT PRIVACY NOTICE

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

At the office of *ENT of Oklahoma* we value your relationship, and want you to know we respect your privacy. We are committed to protecting your private and personal medical information, and we will only use and disclose your personal medical information as necessary to provide you with health care services.

The purpose of this notice is to help you understand our legal duties to protect your medical information and how we may use and disclose this information. We will use and disclose your protected medical information as necessary in providing treatment to you, obtaining payment for services provided to you, and for the day-to-day operations of this practice. We take the obligations described in this notice very serious, because we are legally required to comply with this notice, and because we respect you and your right to privacy.

### Who will follow this notice:

This notice describes our office's practices and that of any health care professional authorized to enter information into your file or record, as well as all other employees, staff, and other personnel. All of these entities and locations sited follow the terms of this notice.

### Individual Rights:

The health Insurance Portability and Accountability Act of 1996 (HIPAA), provides you with several rights related to your protected medical information.

- The right to request restrictions on the use and disclosure of your protected medical information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected medical information
- The right to amend or submit corrections to your protected medical information
- The right to receive an accounting of how and to whom your protected medical information has been disclosed
- The right to receive a printed copy of this notice.

\*As permitted by federal regulation, we require that these requests be submitted in writing. When required, you must provide a reason that supports your request. We will accommodate all reasonable requests. You may obtain a form to request access to your records from the receptionist or by contacting our office at: **5402 SW Lee Blvd Lawton, OK 73505, (580) 531-0022.**

\* We are not required to agree to your request. If we do not agree, we will reply to you in writing. If we do agree, we will comply with your requests unless the information is needed to provide you emergency treatment.

### Uses and Disclosures:

**Treatment-** Your medical information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. We may disclose your medical information to doctors, nurses, technicians, medical students, or other personnel who are involved in your care. We may also share your medical information in order to coordinate lab work, x-rays, and prescriptions.

**Payment-** Your medical information may be used to seek payment from your health plan, from other sources of coverage, or from credit card companies that you may use to pay for services.

**Health Care Operations-** Your medical information may be used as necessary to support the day-to-day activities and management of Dr. Aycock and Dr. Snell's office.

**Appointment Reminders-** Our staff may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

**As required By Law-** We will disclose medical information about you when required to do so by federal, state, or local law.

**Public Health Reporting-** Your medical information may be disclosed to public health agencies as required by law.

- a. To prevent or control disease, injury of disability.
- b. To report child abuse or neglect.
- c. To report vulnerable adult abuse.
- d. To report certain communicable diseases.
- e. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- f. To report domestic abuse.

**Military-** If you are a member of the armed forces, we may release your medical information as required by military command authorities.

**Lawsuits and Disputes-** We may disclose information about in response to a subpoena or court order. We will make efforts to contact you if these requests are made.

**Inmates-** We may release your medical information to the correctional institution or law enforcement officials.

**Other Uses and Disclosures:**

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information prior to your notification.

**Duties:**

We are required by law to maintain the privacy of your protected medical information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

**Right to Revise Privacy Practices:**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. These revised policies and practices will be applied to all protected medical information that we maintain.

As permitted by federal regulation, we require that requests to inspect or copy protected medical information be submitted in writing. You may obtain a form to request access to your records by contacting our office at: **5402 SW Lee Blvd. Lawton, OK 73505, (580) 531-0022.**

*Effective January 1, 2012*