

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

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell you \r information
- Raise funds

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to tissue and organ donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to law suits and legal actions

**WHEN IT COMES TO YOUR HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS. THIS SECTION EXPLAINS YOUR RIGHTS AND SOME OF OUR RESPONSIBILITIES TO HELP YOU.**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have on you. Ask us how.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. If we deny your request, we will send you a written explanation and instructions on how to obtain an impartial review of our denial if one is legally available.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home or office telephone) or to send mail to a different address.
- We will say "yes" to all reasonable requests. However, if there is an added cost for us to comply with your request, we may ask you to pay that cost.
- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we have shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You will be notified of any data breach that involves your information.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- You can complain if you feel we have violated your rights by contacting us using the information on page 3.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- You may make any of the requests described in this section; however, if you should have any questions please contact the Privacy Officer listed on Page 3.

**FOR CERTAIN HEALTH INFORMATION, YOU CAN TELL US YOUR CHOICES ABOUT WHAT WE SHARE.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- You have both the right and the choice to tell us to:
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.
- In these cases, we *never* share our information unless you give us written permission:
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

**HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?** We typically use or share your information in the following ways:

- We can use your health information and share it with other professionals who are treating you
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- We can use and share your health information to file and get payment from health plans or other entities
- We can use and share your health information for health reasons (with consent)

**HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?** We are allowed or required (without consent) to share your information in other ways - usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/privacy/hipaa/understanding/consumer/index.html](http://www.hhs.gov/privacy/hipaa/understanding/consumer/index.html).

- We can share your health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence

- Preventing or reducing a serious threat to anyone's health or safety
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- We can share health information about you with organ procurement organizations
- We can share health information about you with a coroner, medical examiner, or funeral director when an individual dies
- We can use or share health information about you for:
  - Workers' compensation claims
  - For law enforcement purposes
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential security services.
- We can share health information about you in response to a court order or administrative order or in response to a subpoena, if we follow certain procedures to protect your information.

**OUR RESPONSIBILITIES:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp.html).

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you, The new notice will be available upon request, in our office.

I have read the above and understand my rights

\_\_\_\_\_ Signature

\_\_\_\_\_ Printed Name \_\_\_\_\_ Date

August 1, 2018

**This Notice of Privacy Practices applies to the following organizations:**

Hills ENT Institute  
 43700 Woodward Avenue, Suite 201; Bloomfield Hills, MI 48302

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Privacy Officer: Dr. David Schleimer  
 Email: [david.schleimer@hills-ent.com](mailto:david.schleimer@hills-ent.com)  
 Phone: 248-268-0178