

LAKESIDE ALLERGY, EAR, NOSE, & THROAT

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NOTICE OF PRIVACY PRACTICES

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

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices as described below. This Notice will remain in effect until it is amended or replaced.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes to our privacy practices and the new forms of our Notice effective for all health information maintained, created, and/or received by us before the date changes were made. You may request a copy of our Privacy Notice at any time.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established minimum “necessary or need to know” standards that limit various staff members access to your health information according to their primary job functions.

Disclosure: We may disclose and/or share your health care information with other health care professionals who provide treatment and service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends, and/or person you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays, or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar duties.

Required by Law: We may use or disclose your health information when we are required to do so by law (court or administrative orders, subpoena, discovery request or other lawful process). We will use or disclose your information when requested by national security, intelligence, and other State and Federal officials and/or if you are an inmate or otherwise under the custody of the law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medication, product recalls, disease/infection exposure and to prevent and control disease, injury, and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: It is our policy to provide you with appointment reminders, including but not limited to voicemail messages, postcard, or letters.

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YOUR PRIVACY RIGHTS AS OUR PATIENT

Access: Upon written request you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form which is available from the office. You may also request access by sending us a letter to the address at the bottom of this Notice. Copies, if requested will be \$25.00.

Amendment: You have the right to amend your healthcare information. If you feel it is inaccurate or incomplete, your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we can make of your health care information (when we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures, therefore these are not available). You have the right to a list of instances in which we, or our business associates disclosed information for reasons other than payment or healthcare operations. You can request non-routine disclosures going back 6 years.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, will abide by our agreement (except in emergencies).

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to the Lakeside office manager. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can file a complaint in writing or request a Complaint Form. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or the US Department of Health and Human Services.

HOW TO CONTACT LAKESIDE:

Practice Name: Lakeside Allergy, Ear, Nose & Throat

Phone: 972-771-5443 **Fax:** 972-771-5444

Address: 1320 Summer Lee Drive, Rockwall, TX 75032