



HIPAA 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. This Notice provides you with information to protect the privacy of your confidential healthcare information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this Notice, please contact our Privacy Officer at (502) 894-8441.

This Notice is effective on January 1, 2013.

Our obligations:

WE ALL ARE REQUIRED BY LAW TO:

- Maintain the privacy of protective 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 this describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purpose is described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to 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 of our office, who are involved and your medical care and need the information two 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. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for healthcare operations purposes. These uses and disclosures are necessary to make sure that all of our

patients receive quality care and to operate and manage our office. For example, we may disclose your protected Health Information to medical school students who see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may also share your information with other entities that have a relationship with you (for example, your health plan) for their health care operations activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you 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.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity To Object: we may use and disclose your protected Health Information in the following the instances. You have the opportunity to agreed or object to the use or disclosure of all or parts of your protected Health Information.

Individuals Involved In Your Care or Payment for Your Care. Unless you object, 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 about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Emergencies. We may use or disclose your protected health information in an emergency treatment situation.

Communication Barriers. We may use and disclose your protected Health Information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so do to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

Research. We may disclose your protected Health Information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected Health Information.

SPECIAL SITUATIONS:

As Required By Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include disclosures to prevent or control the disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; 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 we believe a

patient 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.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing 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.

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, and licensure. These activities are necessary for the government to monitor the Health Care System, governments 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 the unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or an administrative order. We may also disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or two obtained an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrants, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or a missing person; (3) about the victim of a crime event if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of a criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

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 determined a cause of death. We also may release Health Information to funeral directors as necessary for their duties.

Military Activity and National Security. When the appropriate conditions apply, we may use or disclose protected health information of individuals who are armed forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of determination by the department of Veteran Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected Health Information to authorized Federal officials for conducting

national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

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 institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

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 protected health information for marketing purposes
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 laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by 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 a right to inspect and copy Health Information that they be used to make decisions about your care or payment for your care. 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 the Medical Records Department. 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 or Federal needs-based benefit program. We may deny your request and certain limited circumstances. If we do deny your request, you have the rights 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 that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the protected Health Information is not readily producible

in the form or a format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right To Amend. If you feel that health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to our Privacy Officer.

Right To An Accounting Of Disclosures. You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payments and Health Care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to our privacy officer.

Right To Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose for treatments, 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. To request a restriction, you must make your request, in writing, to our privacy officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of that you're protected Health Information to a health plan 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 request unless the information is needed to provide you with emergency treatment.

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 our privacy officer. 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 this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice that our web site, www.kentuckianaent.com, or by asking any of our staff members.

CHANGES TO THIS NOTICE

We reserve the right to change to this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. 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 upper 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 privacy officer. All complaints must be made in writing. You will not be penalized for filing a complaint.

You may contact our office:

Kentuckiana Ear, Nose and Throat, Privacy Officer, 6420 Dutchmans Pkwy., Suite 380,
Louisville, KY 40205.

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you.



HIPAA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been given a copy of and have read the Kentuckiana Ear, Nose & Throat, PSC HIPAA Notice Of Privacy Practices.

Signature

Please Print Name

Patient Name If Different

Date