

Rhode Island Ear, Nose and Throat Physicians Inc

**HIPAA Notice of Privacy Practices**

**Policy**

Rhode Island Ear, Nose and Throat Physicians is committed to maintaining and protecting the confidentiality of the individual’s PHI. Rhode Island Ear, Nose and Throat Physicians Inc is required by federal and state law, including the Health Insurance Portability and Accountability Act (“HIPAA”), to protect the individual’s PHI and other personal information.is required to provide the individual with this Notice of Privacy Practices about policies, safeguards, and practices. When RIENT uses or discloses an individual’s PHI, RIENT is bound by the terms of this Notice of Privacy Practices, or the revised notice of Privacy Practices, if applicable.

Rhode Island Ear, Nose and Throat Physicians *Obligations:*

Rhode Island Ear, Nose and Throat Physicians is required by law to:

* Maintain the privacy of PHI (with certain exceptions)
* Give the individual this notice of the RIENT legal duties and privacy practices regarding health information about the individual.
* Follow the terms of the RIENT’S notice of Privacy Practice that is currently in effect

**Procedures**

How Rhode Island Ear Nose and Throat Physicians may use and disclose PHI:

The following describes the ways RIENT may use and disclose PHI. Except for the purposes described below RIENT will use and disclose PHI only with the individual’s written permission. The individual may revoke such permission at any time by writing to RIENT’S Compliance Officer

* For Treatment. RIENT may use and disclose PHI for the individual’s services. For example, RIENT may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside the RIENT who are involved in the individual’s medical care and need the information to provide the individual with medical care.
* For Payment. RIENT may use and disclose PHI so that the RIENT or others may bill and receive payment from the individual, an insurance company or third party for the treatment and services the individual received. For example, RIENT may tell the individual’s insurance company about a treatment the individual is going to receive to determine whether the individual’s insurance company will cover the treatment.

For Health Care Operations. RIENT may use and disclose PHI for health care operation purposes. The uses and disclosures are necessary to make sure that all the RIENT patients receive quality care and to operate and manage the RIENT] office. For example RIENT may share information with doctors, residents, nurses, technicians, clerks, and other personnel for quality assurance and educational purposes. RIENT also may share information with other entities that have a

* relationship with the individual (for example, the individual’s insurance company and anyone other than the individual who pays for the individual’s services) for the individual’s health care operation activities.
* Appointment reminders, Treatment Alternatives, and Health Related Benefits and Services. RIENT may use and disclose PHI to contact the individual to remind them that they have an appointment with RIENT . Rhode Island Ear, Nose and Throat Physicians also may use and disclose PHI to tell the individual about treatment alternatives or health-related benefits and services that may be of interest to the individual.
* Third Parties Involved in an Individual’s Care or Payment for an Individual’s Care. When appropriate, RIENT may share PHI with a person who is involved in the individual’s medical care or payment for the individual’s care, such as the individual’s family or a close friend. RIENT also may notify the individual’s family about the individual’s location or general condition or disclose such information to an entity (such as Red Cross) assisting in a disaster relief effort.
* Research. Under certain circumstances, RIENT may use and disclose Phi for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. RIENT will generally ask for the individual’s written authorization before using the individual’s PHI or sharing it with others to conduct research. Under limited circumstances, RIENT may use and disclose PHI for research purposes without the individual’s permission. Before RIENT uses or discloses PHI for research without the individual’s permission, the project will go through a special approval process to ensure that research conducted poses minimal risk to the individual’s privacy. The individual’s information will be de-identified. Researchers may contact the individual to see if the individual is interested in or eligible to participate in a study.

*SPECIAL SITUATIONS:*

* As Required by Law. RIENT will disclose PHI when required ot do so by international, federal, state or local law.
* To Avert a Serious Threat to Health or Safety. RIENT may use and disclose PHI when necessary to prevent a serious threat to the individual’s health and safety or the health and safety of others. Disclosures, however, will be made only to someone wh
* may be able to help prevent or respond to the threat, such a law enforcement or potential victim. For example, if RIENT need to disclose information to law enforcement when a patient reveals participation in a violent crime.
* Business Associates. RIENT may disclose PHI to RIENT business associates that perform functions on the behalf or provide the RIENT with services if the information is necessary for such functions or services. For example, RIENT may use another company to perform billing services on RIENT’S behalf. All of the RIENT business associates are obligated to protect the privacy of the individual’s information and are not allowed to use or disclose any information other than as specified in our contract.
* Lawsuits and Disputes If the individual is involved in a lawsuit or a dispute, the RIENT may disclose PHI in response to a court or administrative order. RIENT also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the request or to allow the individual to obtain an order protecting the information requested.
* Law Enforcement RIENT may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, RIENT is unable to obtain the individual’s agreement; (4) about a death RIENT believes may be the result of criminal conduct; (5) about criminal conduct on the RIENT 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.

*USES AND DISCLOSURES THAT REQUIRE RHODE ISLAND ENT TO GIVE THE INDIVIDUAL AN OPPORTUNITY TO OBJECT/OPT OUT:*

* Third Parties involved in the Individual’s Care or Payment for Individual’s Care. Unless the individual objects, the RIENT may disclose to a member of the individual’s family, a relative, a close friend or any other person the individual identifies, the individual’s PHI that directly relates to that third party’s involvement in the individual’s health care. If the individual is unable to agree or object to such a disclosure, the RIENT may disclose such information as necessary if RIENT determines that it is in the individual’s best interest based on RIENT’S professional judgment.

*INDIVIDUAL’S RIGHTS REGARDING PHI:*

The following uses and disclosures of the individual’s PHI will be made only with the individual’s written authorization:

1. Uses and disclosures of PHI for marketing purposes;
2. Disclosures that constitute a sale of the individual’s PHI; and
3. Disclosures of psychotherapy notes.

Other uses and disclosures of PHI not covered by this Notice of Privacy Practice or the laws that apply to the RIENT will be made only with the individual’s written authorization. If the individual gives us authorization, the individual may revoke it at any time by submitting a written revocation to RIENT Compliance Office and we will no longer disclose PHI under the authorization. But disclosure that RIENT made in reliance on an individual’s authorization before the individual revoked it will not be affected by the revocation.

*INDIVIDUAL’S RIGHTS REGARDING PHI:*

Right to Inspect and Copy. The individual has a right to inspect and copy PHI that may be used to make decisions about the individual’s care or payment for the individual’s care. This included medical and billing records, other than psychotherapy notes. To inspect and copy the individual’s PHI, the individual must make their request, in writing, to the Department in which their care was provided.

* RIENT has up to 30 days to make the individual Phi available to the individual and the RIENT may charge the individual a reasonable fee for the costs of copying, mailing or other supplies associated with the individual’s request. The [Practice Name] may not charge the individual a fee if the individual needs the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. RIENT may deny the individual’s request in certain limited circumstances. If RIENT does deny the individual’s request, the individual has the right to have the denial reviewed by a licensed healthcare professional that was no directly involved in the denial of the individual’s request, and RIENT will comply with the outcome of the review.
* Right to Get Notice of a Breach. RIENT is committed to safeguarding the individual’s PHI. If a breach of the individual’s PHI occurs the RIENT will notify the individual in accordance with state and federal law.
* Right to Amend, Correct or Add an Addendum. If the individual feels that the PHI the RIENT has is incorrect, incomplete, or the individual wishes to add an addendum to the individual’s records, the individual has the right to make such request for as long as the information is kept by or for the RIENT office. The individual must make their request in writing to the Department in which their care was provided. In the case of claims that the information is incorrect, incomplete, or if the record was not created by RIENT Physicians , RIENT may deny the individual’s request. However, if RIENT denies any part of the individual’s request, the RIENT will provide the individual with a written explanation of the reasons for doing so within 60 days of the individual’s request.
* Right to an Accounting of Disclosures. Individuals have the right to request a list of certain disclosures RIENT made of PHI for purposes other than treatment, payment, health care operations, and certain other purposes consistent with law, or for which the individual provided written authorization. To request an accounting of disclosure, individuals must make their request, in writing, to the Department in which the individual’s care was provided. The individual may request an accounting of disclosures for up to the previous six years of services provided before the date of the individual’s request. If more than one request is made during a 12 month period, RIENT may charge a cost based fee.

Right to Request Restrictions. Individuals have the right to request a restriction or limitation on the PHI RIENT uses or disclose for treatment, payment, or health care operations. Individuals also have the right to request a limit on the PHI we disclose to someone involved in the individual’s care or the payment for the individual’s care, like a family member or friend. For example, the individual could ask that RIENT not share information about a particular diagnosis or treatment with the individual’s spouse. To request a restriction, the individual must make their request, in writing, to the Department in which their care was provided. RIENT is not required to agree to the individual’s request unless the individual is asking us to restrict the use and disclosure of the individual’s PHI to a health plan for payment or health care operation purposes and such information the individual wishes to restrict pertains solely to a health care item or service for which the individual has paid the RIENT Out-of-pocket in full. If RIENT agrees, RIENT will comply with the individual’s request unless the information is needed to provide the individual with

* emergency treatment or to comply with law. If RIENT does not agree, RIENT will provide an explanation in writing.
* Out-of-Pocket Payments If the individual pays out-of-pocket (or in other words, the individual has requested that RIENT not pay the individual’s health plan) in full for a specific item or service, the individual has the right to ask that the individual’s PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and the RIENT will honor that request.
* Right to Request Confidential Communications. Individuals have the right to request that the RIENT communicate with them about medical matters in a certain way or at a certain location. For example, the individual can ask that the RIENT only contact individuals by mail or at work. To request confidential communications, individuals must make their request, in writing, to the Department in which their care was provided. The individual’s request must specify how or where the individual wishes to be contacted. RIENT will accommodate reasonable requests.
* Right to Choose Someone to Act for the Individual. If the individual gives someone medical power of attorney or if someone is the individual’s legal guardian, that person can exercise the individual’s rights and make choices about the individual’s PHI. RIENT will use our best efforts to verify that person has authority to act for the individual before RIENT takes any action.
* Right to a Paper Copy of This Notice of Privacy Practices. Individuals have the right to a paper copy of this Notice of Privacy Practices. Individuals may ask the RIENT to give the individual a copy of this Notice of Privacy Practices at any time.