

ENT ASSOCIATES OF SOUTH ATLANTA'S COMPLIANCE OBLIGATIONS

ENT ASSOCIATES OF SOUTH ATLANTA has a lawful duty to maintain the privacy of all patient health information.

A. ENT ASSOCIATES OF SOUTH ATLANTA must provide the patient with a notice of our legal duties and privacy practices with respect to information we collect about the patient through this notice.

B. ENT ASSOCIATES OF SOUTH ATLANTA must accommodate reasonable requests patients may have to communicate health information by alternative means or at alternative locations.

C. ENT ASSOCIATES OF SOUTH ATLANTA must notify the patient if we are unable to agree to a requested restriction.

D. ENT ASSOCIATES OF SOUTH ATLANTA must abide by the terms of the Notice of Privacy Practices.

II. PRIVATE INFORMATION DISCLOSURE

A. Protected Health Information may be disclosed for treatment.

1. All physicians, audiologists, nurses, and clinical staff involved in patient care may review, add, or record information into the patient's record about the patient's care and/or plan of care as necessary.

2. If the patient has been referred to ENT Associates of South Atlanta, ENT Associates of South Atlanta may send copies of the medical record or findings to the provider who referred the patient in order to provide updated treatment information about the patient's care.

3. ENT Associates of South Atlanta will provide another physician, or healthcare provider who is treating the patient, with copies of various reports or test results from the medical record that will help him or her in treating the patient.

B. Protected Health Information may be disclosed to State or Federal Agencies.

1. As required by law, patient health information may be disclosed to the following entities:

a. Food and Drug Administration

b. Public Health or Legal Authorities

c. Workers Compensation Agents

d. Organ & Tissue Donation Organizers

- e. Military Command Authorities
- f. Health Oversight Agencies
- g. National Security & Intelligence Agencies
- h. Law Enforcement as Required.

C. Protected Health Information may be disclosed for payment.

1. Third Party Agencies

- a. Billing - A bill will be sent to the patient or insurance carrier. The information on the bill may include information that identifies the patient, as well as diagnosis, procedure(s), healthcare providers, and supplies used.
- b. Authorization - The patient's insurance company will be contacted for any services requiring pre-payment notification. During this process, patient's information, diagnosis, procedure(s), and healthcare providers will be disclosed.

2. Patient/Family

A bill will be sent to the patient for any unpaid services rendered to the patient. This bill may contain dates of the service performed as well as the name or procedure code of the service performed along with the ENT Center's name and name of the provider of service.

D. Other Disclosure of Patient Health Information

- 1. The doctors, nurses, clinical staff, administration and Quality Assurance Committee may review a patient's health information to assess healthcare quality issues.
 - 2. The office may call or send a letter to remind the patient about an appointment.
 - 3. The office may call the patient regarding follow-up with diagnostic testing results.
 - 4. Provide information about other treatment and care that could benefit the patient's health.
 - 5. Health professionals, using their best judgment, may disclose health information about the patient's care, or payment issues related to the patient's care, to a family member, close personal friend, or any other person **identified by the patient** to get this information (prior written consent given by the patient).
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III. PRACTICE DISCLOSURE OBLIGATION

A. ENT Associates of South Atlanta has a lawful and ethical obligation to maintain and observe all patient information in a respectful, reasonable, and confidential manner.

1. Maintain the privacy of the patient's health information in a secure manner.
2. Provide the patient with a notice of our legal duties and privacy practices with respect to information we collect about the patient through this notice.
3. Accommodate reasonable requests patients may have to communicate health information by alternative means or at alternative locations.
4. Notify the patient if we are unable to agree to a requested restriction.
5. Abide by the terms of the Notice of Privacy Practices.

IV. PATIENT COMPLAINTS AND VIOLATION OF PATIENT INFORMATION

1. Patients and employees have the right to report a violation of a compliance law or a privacy violation. The ENT Associates of South Atlanta has compliant forms available in the Administrative Offices. Anyone may complain of a compliance or a privacy violation to the ENT Associates of South Atlanta's Compliance Officer or to the Secretary of the Department of Health and Human Services.

2. Patient and Employees are encouraged to contact the Compliance Officer directly for any violation of Patient Privacy at PO Box 838, Tucker, GA 30085. All complaints will be investigated by the Compliance Officer.

3. Patients and/or employees will not be penalized for filing a complaint.
 4. It is against the law to cause problems for anyone who does file a complaint. Reported items will be investigated, and appropriate action will be taken. There will not be any repercussions taken against an employee who asks to have an issue investigated.
 5. Patients and Employees are encouraged to share information they believe is relevant for federal regulation compliance. They are not required to identify themselves. Confidentiality regarding an issue will be protected.
 6. ENT ASSOCIATES OF SOUTH ATLANTA is obligated under law to report any violations of the law if material facts and evidence is provided.
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