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NOTICE OF PRIVACY PRACTICES

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

Understanding your Health Record and Information

Each time you are treated at Head and Neck Associates, a record of your stay is made containing health and financial information. Typically this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and / or disclose this information to:

- Plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide.

Understanding what is in your record and how your health information is used helps you to: ensure it is accurate • better understand who may access your information • make more informed decisions when authorizing disclosure to others.

Use and Disclosure of your Health Information

The following circumstances may require Head and Neck Associates to use or disclose your health information.

- For Treatment: To provide you with necessary medical treatment, we may disclose health information about you to doctors, nurses, therapists or other personnel who are involved in your care.
- For Payment: To obtain payment for services rendered, we may disclose information about you so that the treatment and services provided may be billed to you, an insurance company or a third party, such as Worker's Compensation or similar programs. For example, to obtain payment, we may need to share information with your health plan about the services provided to you.
- For Health Care Operations: We may disclose health information about you for our day to day health care operations to ensure that all patients receive quality care. For example, we may use health information for quality assessment and improvement and for developing clinical protocols. Health information about you may be used for business development and planning, cost management analysis, insurance claims management and risk management activities. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business Associates: There are some services provided at Head and Neck Associates through contacts with business associates. Examples include medical directors, outside attorneys and off-site storage companies. An outside copy service may be used when making copies of your health record as contracted by you, an attorney and / or the courts. To protect your health information, however, we require the business associate to appropriately safeguard your health information.
- For Treatment Alternatives: We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

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26726 Crown Valley Parkway, Suite 200 • Mission Viejo, CA 92691 • 949-364-4361 • Fax 949-364-4495
24411 Health Center Drive, Suite 370 • Laguna Hills, CA 92653 • 949-581-3888 • Fax 949-581-3883
675 Camino de los Mares, Suite 420 • San Clemente, CA 92673 • 949-496-2307 • Fax 949-496-8688

- To comply with requests from public health authorities and health oversight agencies which are required by law to collect health information.
- If required to do so by a law enforcement official or when required to do so by federal, state or local law. In response to a court order, subpoena, discovery request, warrant, summons or similar process. To identify or locate a suspect, fugitive, material witness or missing person. About you, the victim of a crime, if under certain limited circumstances, we are unable to obtain your agreement. About a death that we believe may be the result of criminal conduct. In emergency circumstances to report a crime, the location of the crime or victims or the identity, description of location of the person who committed the crime. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- To report, to the appropriate government agency, abuse, neglect or domestic violence as required by federal, state or local law.
- To federal government officials for intelligence, counterintelligence and national other national security activities as required by law.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public such as, prevention of control of a disease, injury or disability; reporting births and deaths; reporting reactions to medications or problems with products; to notify patients of recalls of products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or to determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.
- If you are an organ or tissue donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transportation.
- If you are a member of U.S. or foreign military forces, including veterans, we may disclose health information as and if required by the appropriate authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by the written authorization. You understand that we are unable to retrieve any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding your Health Information

Although your health record is the property of Head and Neck Associates, the information belongs to you. You have the following rights regarding your health information:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical and billing records, **with the exception of psychotherapy notes.** You must submit your request in writing to Head and Neck Associates, Attn: Beth Page, HIPAA Privacy Officer, at 26726 Crown Valley Pkwy., Suite 200, Mission Viejo, CA 92691. Obtain a request form from one of the Front Desk receptionists.
- **Right to Amend:** You may ask Head and Neck Associates to amend your health information if you believe it is incorrect or incomplete as long as the information is kept by or for Head and Neck Associates. To request an amendment, make your request in writing with a supporting reason for the amendment to your health information to Head and Neck Associates, Attn: Beth Page, HIPAA Privacy Officer, at 26726 Crown Valley Pkwy., Suite 200, Mission Viejo, CA 92691. Obtain a request form from one of the Front Desk receptionists. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, was not created by us or the entity that created the records is no longer available to make the amendment, is not part of the health information kept by or for Head and Neck Associates or is inaccurate or incomplete.

- **Right to an Accounting Disclosure:** You have the right to request an “accounting of disclosures”. This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment or health care operations. Submit your request in writing to Head and Neck Associates, Attn: Beth Page, HIPAA Privacy Officer, at 26726 Crown Valley Pkwy. #200 Mission Viejo, CA. 92691. Your request must state a time period which may be no longer than six years from the date the request is submitted and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list, i.e., on paper or electronically. The first list you request within a twelve month period will be at no charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw your or modify your request before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request that Head and Neck Associates restrict our disclosure of your health information to only certain individuals involved in your care or the payment of your care. You could ask that we not use or disclose health information to a family member or friend. However, Head and Neck Associates is not required to agree to your requests, but if we do agree, Head and Neck Associates will comply with your request unless the information is needed to provide you with emergency treatment. Submit your request in writing to Head and Neck Associates, Attn: Beth Page, HIPAA Privacy Officer, at 26726 Crown Valley Pkwy. #200 Mission Viejo, CA. 92691. In the request you must tell us what information you want to limit, whether you want to limit our use, disclosure or both and to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Alternate Communications:** You can request that Head and Neck Associates communicate with you about your health related issues in a particular manner or at a certain location. Therefore, you may ask to be contacted at home rather than work, via personal fax or cell telephone for appointment confirmations or related scheduling matters, for results of specific diagnostic tests, and such reasonable requests will be accommodated. Submit your request in writing to Head and Neck Associates, Attn: Beth Page, HIPAA Privacy Officer, at 26726 Crown Valley Pkwy. #200 Mission Viejo, CA. 92691.
- **Right to a Paper Copy of This Notice:** You are entitled to receive a copy of the Notice of Privacy Practices even if you have agreed to receive it electronically. You may ask for a copy of this Notice at any time. You may obtain an electronic copy of this Notice at our website: www.hnaoc.com. To obtain a paper copy, please contact the front desk receptionist.
- **Complaints:** If you believe your privacy rights have been violated, you have the right to file a complaint with Head and Neck Associates or with the Secretary of the Department of Health and Human Services. Any complaint filed with Head and Neck Associates must be submitted in writing. Obtain the proper form to file a complaint from one of our Front Desk receptionists or Medical Assistants. **You will not be penalized for filing a complaint.**
- **Changes to this Notice:** Head and Neck Associates’ reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our waiting room and on our website, www.hnaoc.com. This notice will specify the effective date on the first page in the top right hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the HIPAA Privacy Officer.
- **Questions:** have any questions regarding this Notice of Privacy Practices or Head and Neck Associates’ health information privacy policies, please contact Beth Page, HIPAA Privacy Officer at Head and Neck Associates, 26726 Crown Valley Pkwy., Suite 200, Mission Viejo, CA 92691.
- **Effective Date:** This notice is effective May 15, 2012.

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