



Head and Neck Associates of Orange County, Inc.

An Incorporated Medical Group

Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

Effective Date: February 9, 2018

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 such as pharmacists or lab technicians 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. We may need to disclose health information as necessary to comply with worker's compensation laws, i.e., make periodic reports to your employer about your condition and / or report cases of occupational injury or illness to the employer or worker's compensation carrier.
- **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 of Orange County through contacts with business associates. Examples include electronic claims clearing houses, medical directors, outside attorneys and / or 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 business associates to appropriately safeguard your health information according to state and federal law.
- **For Appointment Reminders:** We may use and disclose health information to contact and remind you about your scheduled appointments. We may leave a message, with this information, on your answering machine or with the person that answers the phone.
- **Sign In Sheets:** We may use and disclose health information about you by having you sign in on a HIPAA compliant sign in sheet when you arrive at our office. We may also call your name when the health care provider is ready to see you.
- **Notification and Communication with Family:** We may disclose your health information to notify a family member, personal representative or another person responsible for your care about your location, general condition and in the event of your death, unless instructed otherwise by you. In the event of a disaster, we may disclose information to a relief organization so they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps to pay for your care. If you are able to agree or object, we will give you the opportunity to object prior to making these disclosures. We may disclose the information in a disaster, even over your objection, if we believe it is necessary to respond due to emergency circumstances. If you are unable or unavailable to agree or object, we will use our best judgment in communication with your family members.
- **Proof of Immunization:** We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you agree to the disclosure on behalf of yourself and / or your dependent.
- **Law Enforcement:** 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.
- **Federal Agencies:** To federal government officials for intelligence, counterintelligence and national security activities as required by law.

● **Public Health:** To comply with requests from public health authorities and health oversight agencies which are required by law to collect health information. 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. To report, to the appropriate government agency, abuse, neglect or domestic violence as required by federal, state or local law.

● **Health Oversight Activities:** We may disclose your health information, as sometimes required by law, to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by state and federal law.

● **Coroner:** 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.

● **Tissue Donation:** If you are an organ or tissue donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transportation.

● **Military Service:** 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.

● **Marketing:** Provided we do not receive any payment for making these communications, we may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you, products or services provided by this practice and health plans with which we participate. We may communicate to you, via a practice newsletter and / or our website, www.hnaoc.com, general health and well-being information and / or changes about our practice. We will not use or disclose your health information for marketing purposes or accept any payment for other marketing communications without your prior written consent. The consent will disclose whether or not we receive any financial compensation with for any marketing activity you authorize and we will stop any further marketing activity to the extent you revoke the authorization.

● **Research:** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required, as approved by an Institutional Review Board or privacy board, in compliance with governing law.

● **Sale of Health Information:** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it. We will stop any future sales of your information to the extent that you revoke that authorization.

● **Breach Notifications:** In case of a breach of unsecured protected health information, we will notify you as required by law. Breach notifications will be made to you by written notice sent via first class mail to the last known address, by electronic notice sent via e-mail (in cases where the patient has given consent to receive such notices) and will be posted on our website at www.hnaoc.com as well as in public view in all of our office locations. In cases where required to do so by state and federal law, notification will be made to statewide media, i.e., print newspaper and / or broadcast media. A toll free phone number will also be activated in such cases. All public notices and the toll free phone number will remain active for a period of 90 days following the discovery of the breach. More than one notice may be sent to provide patients with additional information as it becomes available in the investigation process. In the event that the patient's last known contact information is incorrect, the public notices website and / or print media will serve as a substitute notice of the breach.

● **Change of Ownership:** In the event this medical practice is sold or merges with another health care organization, your health information / record will become the property of the new owner. You will maintain the right to request that copies of your health information be transferred to another physician and / or medical group.

When We Will Not Use and Disclose Your Health Information

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 of Orange County, the information belongs to you. You have the following rights regarding your health information:

● **Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information. This request must be made in writing and should specify what information you want to limit and what limitations on our use or disclosure (outlined above) of that information you wish to have imposed. For example, if you tell us not to disclose information to your commercial health plan concerning health care services for which you paid for in full, out of pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you, in writing, about our decision.

- **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, detailing the information you want to access, whether you want to inspect it or receive a copy of it, and your preferred form and format for such copies, i.e. paper or electronic. Submit your written request to Head and Neck Associates of Orange County Attn: HIPAA Privacy Officer, at 26726 Crown Valley Pkwy., Suite 200, Mission Viejo, CA 92691. You may obtain a request form which contains additional information about available formats, i.e., paper or electronic, any costs or fees associated with reproduction of your health record and requests to provide the health information to another person. This form may be obtained from one of our Front Desk receptionists and is also available in electronic format on our website at www.hnaoc.com.
- **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 of Orange County Attn: 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 or disclosures which are incident to a use or disclosure otherwise permitted by law, as described in this notice. Submit your request in writing to Head and Neck Associates of Orange County, Inc., Attn: 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, Inc. 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 of Orange County, Inc., Attn: 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 of Orange County, Inc., Attn: 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 paper copy of the Notice of Privacy Practices even if you have agreed to receive it electronically. You may ask for a paper 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 a 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, Inc. Any complaint filed with Head and Neck Associates of Orange County must be submitted in writing to the Privacy Officer at Head and Neck Associates of Orange County 26726 Crown Valley Pkwy. #200, Mission Viejo, CA 92691. You may obtain a form to file a complaint from one of our Front Desk receptionists or Medical Assistants. If you are not satisfied with the manner in which we handle your complaint, you may submit a formal complaint to the Department of Health and Human Services at: Region IX, Office for Civil Rights, U.S. Department of Health and Human Services 90 7th Street Suite 4-100 San Francisco, CA 94103. This office will cooperate with the Office of Civil Rights investigation and / or request for information. This complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. **You will not be penalized for filing a complaint.**
- **Changes to this Notice:** Head and Neck Associates, Inc. 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(s) and on our website, www.hnaoc.com. This notice will specify the effective date on the top of the first page. 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: HIPAA Privacy Officer at Head and Neck Associates of Orange County, 26726 Crown Valley Pkwy., Suite 200, Mission Viejo, CA 92691.
- **Effective Date:** This notice is effective February 9, 2018.