



## NOTICE OF PRIVACY PRACTICES

*Effective Date: March 19, 2009*

The Osborne Head and Neck Institute (OHNI) have the legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. The privacy of your personal and health information is important to us. Please review this notice carefully. This notice describes how medical and personal information about you may be used and disclosed and how you can get access to this information.

### **OUR PLEDGE TO PROTECT YOUR PRIVACY**

OHNI are committed to protecting the privacy of your medical and personal information. Personal and health information includes both medical information and individually identifiable information, such as your name, address, telephone number or social security number. Osborne Head and Neck Institute, protects your personal and health information in electronic, written and oral forms when used throughout our organizations. In accordance with Federal and State laws, our privacy practices are shown below. These practices are already in place and will remain in effect unless otherwise replaced or modified. We may modify or change our privacy practices from time to time, particularly as new laws and regulations become effective. Any changes will be effective for all the personal and health information we maintain, even information in existence before the change. If we materially modify our privacy practices, we will provide you with a new notice advising you of the changes.

So that we may best meet your medical needs, we share your medical records with the health care providers involved in your care. We share your information only to the extent necessary to collect payment for the services we provide, to conduct our business operations, and to comply with the laws that govern health care. We will not use or disclose your information for any other purpose without your permission.

### **WHO WILL COMPLY WITH THIS NOTICE**

All employees, volunteers, trainees, students, interns, fellows, contractors and medical staff members of OHNI.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding your medical information:

#### **1. RIGHT TO INSPECT AND OBTAIN A COPY OF YOUR MEDICAL RECORDS**

You have the right to inspect and obtain a copy of the medical records that OHNI, use to make decisions about you and your treatment, subject to certain limited exceptions. This information includes your medical and billing records, but may not include some mental health information. We reserve the right to charge a fee to cover the cost of providing your records to you.

OHNI Notice of Privacy Practices 1

## **2. RIGHT TO REQUEST AN AMENDMENT TO YOUR MEDICAL RECORD:**

**Correction:** If you believe that the medical information the Osborne Head and Neck Institute, has on file for you is inaccurate or incomplete, you may request that we correct the medical information in your records. This request must be done in written form. Your written request must explain why the information should be corrected. If, however, after reviewing your medical records, your physician determines that they are correct or complete, we may deny your request. We will provide you with a written explanation for our denial.

**Addendum:** Adult OHNI patients who believe that an item or statement in his/her medical record is inaccurate or incomplete has the right to provide OHNI with a written addendum to his/her record.

## **3. RIGHT TO AN ACCOUNTING OF OHNI DISCLOSURES OF YOUR MEDICAL RECORDS:**

You have the right to request an “accounting of disclosure” which is a list describing how we have shared your medical information with outside parties. We will begin maintaining disclosures starting April 14, 2003 for purposes other than treatment, payment and health care operations. Those functions are described below in the section entitled “How We May Use and Disclose Medical Information About You”. If you request this accounting more than once in a 12-month period, we may charge you a cost-based fee.

## **4. RIGHT TO REQUEST RESTRICTIONS:**

You have the right to request restrictions on certain uses or disclosures of your personal and medical information. You can request, in writing, that we place additional restrictions on the use or disclosure of your personal and health information. We are not required to agree to these restrictions, but if we elect to do so, we will abide by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. If we deny your request, we will inform you in writing why we cannot honor your request.

## **5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:**

You have the right to receive certain communications confidentially. You can request that we communicate with you in confidence about your personal and medical information by alternative means or to an alternative location. We will not ask the reasons for your request and will use our best efforts to accommodate all reasonable requests.

## **6. RIGHT TO A COPY OF THIS NOTICE UPON REQUEST:**

You have the right to a copy of this Notice. It is available at the Front Desk and on our internet site (<http://www.ohni.org>) in the “Patient Information” section under HIPAA.

**USES AND DISCLOSURES OF YOUR PERSONAL AND HEALTH INFORMATION:**  
The following sections describe different ways that we may use and disclose your personal and medical information. We will try to limit the amount of information that we use or disclose to the “minimum necessary” to accomplish the purpose of the disclosure or use. OHNI may use and disclose your personal and health information, without your authorization, only in the following ways:

### **FOR TREATMENT:**

We may disclose your personal and health information to a provider who requests this information to treat you.

**FOR PAYMENT:**

We may use and disclose your personal and health information to bill and receive payment for the services you receive.

**FOR HEALTHCARE OPERATIONS:**

We may use and disclose your personal and health information for business functions necessary to operate OHNI and assure that our patients receives quality care. We may also share your personal and medical information with affiliated healthcare providers to coordinate your care.

**BUSINESS ASSOCIATES:**

We may use or disclose your personal and health information with outside companies that perform business services for us, such as, but not limited to, collection companies, accountants, electronic medical records software companies, and attorneys. We may need to share your medical information so that these outside companies can perform a service on our behalf. OHNI will limit the disclosure of your information to the “minimum necessary” for the business associate to perform services for OHNI. In addition, we will have a written contract in place requiring the business associate to safeguard the privacy of your personal and medical records.

**HEALTH AND WELLNESS INFORMATION:**

We may use your personal and health information to contact you with information about health-related services, appointment reminders or treatment alternatives. We may use your personal health information to inform you about up coming conferences or patient-oriented events. If you do not wish to receive this type of information, you may request to opt-out of receiving this information from OHNI by calling (310) 657-0123.

**INDIVIDUALS INVOLVED IN YOUR CARE:**

We may disclose your personal and health information to a family member, friend, or other person if you are unavailable to agree such as in a medical emergency. We will disclose this information only to the extent necessary to help with your health care or with payment for your health care.

**PUBLIC HEALTH AND SAFETY:**

We may use and disclose your personal and health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your personal and health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**REQUIRED BY LAW:**

We will use or disclose your personal and health information when we are required to do so by law.

**PROCESS AND PROCEEDINGS:**

We may disclose your personal and health information in response to a court or administrative order, subpoena, discovery request or other lawful process.

OHNI Notice of Privacy Practices 3

**LAW ENFORCEMENT:**

We may disclose limited information to a law enforcement official concerning the personal or health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the personal and health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

**MILITARY AND VETERANS:**

We may disclose to military authorities the personal and medical information of Armed Forces personnel. We may disclose to authorize federal officials personal and health information required for lawful intelligence, counterintelligence, and other national security activities.

**HEALTH AND OVERSIGHT ACTIVITIES:**

We may disclose medical information to a health oversight agency, such as the California Department of Health Services, for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We post copies of the revised notice on our website (<http://www.ohni.org>) in the “Patient Information” section under HIPAA. If the Notice is changed, we will post the new Notice at our Front Desk and provide it to you upon request. The Notice contains the effective date on the first page, in the right-hand corner.

**COMMENTS OR COMPLAINTS**

We welcome your comments about our Notice and our privacy practices. If you believe your privacy rights have been violated, you may file a complaint with the Osborne Head and Neck Institute HIPAA Privacy Officer or with the Secretary of the Department of Health and Human Services.

To register a comment or complaint with the Osborne Head and Neck Institute, please contact:

**HIPAA Privacy Officer**  
**8631 West third street suite 945E**  
**Los Angeles, CA 90048**  
**Phone: (310) 657-0123**  
**Fax: (310) 657-0142**

To register a complaint with the Department of Health and Human Services:

**Secretary of the Department of Health and Human Services**  
**200 Independence Avenue, S.W.**  
**Washington, D.C. 20201**

**PLEASE BE ASSURED THAT NO ONE WILL RETALIATE OR TAKE ACTION AGAINST YOU FOR FILLING A COMPLAINT.**

OHNI Notice of Privacy Practices 4

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with written authorization to use or disclose medical or personal information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical or personal information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you. If you have any questions regarding this Notice please contact OHNI Privacy Officer at (310) 657-0123