

Peoria Ear, Nose & Throat Group, S.C.

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: August 1, 2024

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.

Peoria Ear, Nose & Throat Group, S.C. (the “Practice”, “we”, or “our”) creates a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. We are required by law to provide you with this Notice of Privacy Practices (the “Notice”) of our legal duties and privacy practices with respect to your medical information. This Notice also describes the rights you have concerning your own medical information. The Practice is required to abide by the terms of this Notice for as long as it remains in effect. The Practice reserves the right to change the terms of this Notice as necessary and to make a new Notice effective for all medical information. In addition, the law requires us to ask you to sign an Acknowledgment that you received this Notice.

We are required by federal and state law to maintain the privacy of your medical information. Medical information is also called “protected health information” or “PHI.” We are also required by law to notify you if you are affected by a breach of your unsecured PHI.

Uses and Disclosures of your Medical Information

Treatment: We will make uses and disclosures of your medical information as necessary for your treatment. This includes our healthcare providers and other professionals making use of information in your medical record and information that you provide about symptoms and reactions to your course of treatment that may include procedures, medications, tests, and medical history, among other elements. We may also disclose your medical information to another physician, facility, or counselor to which we refer you for treatment, care, procedures, or testing. We may also use your medical information to contact you to tell you about alternative treatments, or other health-related benefits we offer.

Payment: We will use and disclose your medical information to obtain payment for the services that we render. For example, we send medical information to Medicaid, Medicare, or your insurance plan to obtain payment for our services.

Health Care Operations: We will use and disclose your medical information to run our organization, improve your care, and as necessary and permitted by law, for our healthcare operations. For example, we may use your medical information in determining whether we are giving adequate treatment to our patients, or for clinical improvement, professional peer review, accreditation or licensing.

Individuals Involved in Your Care: The Practice may from time to time disclose your medical information to designated family, friends and others who are involved in your care or in payment of your care to facilitate that person’s involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and the Practice determines that a limited disclosure may be in your best interest, the Practice may share limited medical information with such individuals without your approval. The Practice may also disclose limited medical information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates: Certain aspects and components of the service of the Practice are performed through contracts with outside persons or organizations, such as auditing, accreditation, or legal services. At times it may be necessary for the Practice to provide access to your medical information to one or more of these persons or organizations who assist with health care operations (“Business Associates”). In all cases, the Practice requires Business Associates, through written agreements, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the agreement.

Legal Requirements: We may use and disclose your medical information as required by law. Federal, state, or local laws sometimes require us to disclose patients’ medical information. For instance, we are required to give information to Workers’ Compensation Programs for work-related injuries.

Public Health: We may disclose your health information to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices or to report suspected cases of abuse or neglect.

Health Oversight Activities: We may use and disclose your medical information to state agencies and federal government authorities when required to do so. We may use and disclose your medical information to assist others in determining your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we must give medical information to the Secretary of the U.S. Department of Health and Human Services in an investigation into our compliance with HIPAA.

Judicial and Administrative Proceedings: We may use and disclose your medical information in judicial and administrative proceedings. Efforts may be made to contact you prior to a disclosure of your medical information to the party seeking the information.

Law Enforcement: We may use and disclose your medical information if ordered to do so by a court order, warrant, subpoena, summons, or similar process. We may use and disclose medical information to locate someone who is missing, to identify a crime victim, to report a death, or to report criminal activity at our offices.

Avert a Serious Threat to Health or Safety: We may disclose your medical information to law enforcement officers and others to prevent a serious threat to health or safety.

Coroners, Medical Examiners, and Funeral Directors: We may use or disclose your medical information to a coroner or medical examiner in some situations. For example, medical information may be needed to identify a deceased person or determine a cause of death. Medical information may also be disclosed to funeral directors in order to assist them in carrying out their duties.

Armed Forces: We may use or disclose the medical information of Armed Forces personnel to the military for proper execution of a military mission. We may also use and disclose medical information to the Department of Veterans Affairs to determine eligibility for benefits.

National Security and Intelligence: We may use or disclose medical information for presidential protective services or the protection of other protected government officials. We may use or disclose medical information to federal officers for intelligence and national security activities.

Correctional Institutions and Custodial Situations: We may use or disclose medical information to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those that are responsible for transporting inmates, and others.

Research: In limited circumstances, the Practice may use and disclose your medical information for research purposes. In all cases where the practice is not required to obtain your authorization, your privacy will be protected by confidentiality requirements applied by representation of the researchers that limit their use and disclosure of your information.

Disclosures Requiring Authorization

We are required to obtain your written authorization when we use or disclose your medical information in ways not described in this Notice or when we use or disclose your medical information as listed below. You may revoke your authorization at any time in writing, except to the extent that we have already acted on your authorization.

Psychotherapy Notes: The Practice must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. The Practice does not anticipate needing to obtain such notes.

Marketing: The Practice must obtain your authorization for any use or disclosure of your medical information for marketing, except if the communication is in the form of (1) a face-to-face communication with you, or (2) a promotional gift of nominal value.

Sale of Protected Information: The Practice must obtain your authorization prior to receiving direct or indirect remuneration in exchange for your medical information; however, such authorization is not required where the purpose of the exchange is for:

- Public health activities;
- Research purposes, provided that the Practice receives only a reasonable, cost-based fee to cover the cost to prepare and transmit the information for research purposes;
- Treatment and payment purposes;
- Health care operations involving the sale, transfer, merger or consolidation of all or part of the Practice's businesses and for related due diligence;

- Payment the Practice provides to a Business Associate for activities involving the exchange of medical information that the Business Associate undertakes on our behalf (or the subcontractor undertakes on behalf of a Business Associate) and the only remuneration provided is for the performance of such activities;
- Providing you with a copy of your medical information for an accounting of disclosures;
- Disclosures required by law;
- Disclosures of your medical information for any other purpose permitted by and in accordance with HIPAA, as long as the only remuneration the Practice receives is a reasonable, cost-based fee to cover the cost to prepare and transmit your medical information for such purpose or is a fee otherwise expressly permitted by other law; or
- Any other exceptions allowed by the Department of Health and Human Services.

Immunizations: The Practice must obtain your authorization to release proof of immunization to a school where you are a student or prospective student.

Illinois and Federal Law Addressing Sensitive Information with Additional Protection: Illinois law, as well as some federal laws, also have certain requirements that govern the use or disclosure of your medical information. For us to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless state or federal law allows us to make the specific type of use or disclosure without your authorization.

Text Messaging Communications: If you have provided a mobile phone number to the Practice or its business associates, you may receive billing alert and reminder messages via recurring SMS (Short Message Service) and MMS (Multimedia Message Services) text alerts. Such text alerts are not confidential methods of communication and may be insecure. The text alerts may include limited personal information about you and your prescriptions. Whoever has access to the mobile phone or carrier account may also be able to see this information. You may opt-out of the text alerts by following the process set forth by the Practice or its business associate.

Rights That You Have Regarding Your Medical Information

Restrictions: You have a right to request restrictions on how your medical information is used for purposes of treatment, payment, and health care operations. We are not required to comply with your request, except as required by law. The practice is required to comply with your request for restrictions on the use or disclosure of your medical information to health plans for payment or health care operations purposes when the practice has been paid out of pocket in full and the practice has been notified of the request for restriction in writing, and the disclosure is not required by law. To request a restriction, please contact (309) 589-5900.

Confidential Communications: You have a right to receive confidential communications about your medical information. For example, you may request that we only call you at home. We are not required to agree comply with your request for confidential communications but will give each request careful consideration. To submit a request for confidential communications, please contact (309) 589-5900.

Inspect and Access: You have a right to access, copy, and/or inspect much of the medical information the Practice retains on your behalf. This information includes billing and medical record information. Please note that exceptions may apply as provided by law. The law requires us to keep the original record. This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, submit a request to (309) 589-5900. A fee may be charged for the expense of fulfilling your request. You can look at your record at no cost. We may deny your request in certain limited circumstances, but we will respond to your request with an explanation within thirty (30) days. If your request to inspect your record is denied, we will send you a letter letting you know why and explaining your options.

For medical information that the Practice maintains in any electronic designated record set, you may request a copy of such medical information in a reasonable electronic format, if readily producible.

Amendments of Your Records: If you believe there is an error in your medical information, you have a right to request that we amend or correct the medical information maintained by the Practice. We are not required to comply with your request to amend but will give each request careful consideration. To request an amendment to your medical information, submit a request to (309) 589-5900. While we may deny your request under certain circumstances, we will respond to your request with an explanation within sixty (60) days.

Accounting of Disclosures: You have a right to receive an accounting of disclosures that we have made of your medical information. To request an accounting, please contact (309) 589-5900. Requests must state the time period which may not go back further than

six (6) years and must be made in writing and signed by you or your legal representative. The first accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request. We will tell you in advance what this action will cost and you may choose to modify or withdraw your request at that time.

Choice of Representative: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your medical information. We will make sure this person has the authority and can act for you before we take any action.

Notice of Breach: The Practice takes very seriously the confidentiality of medical information and are required by law to protect the privacy and security of your medical information through appropriate safeguards. The Practice will notify you in the event a breach occurs involving your unsecured medical information and inform you of what steps you may need to take to protect yourself. Such notification will be provided as soon as possible, but in any event, no later than sixty (60) days following our discovery of the breach.

Copy of Notice of Privacy Practices: You have a right to obtain a paper copy of this Notice, even if you originally received the Notice electronically. To submit a request for a paper copy of this Notice, please contact (309) 589-5900. We have also posted this Notice at our offices.

We are required to abide with terms of the Notice currently in effect, however, we reserve the right to change this Notice at any time and to make the provisions in our new Notice effective for all medical information we maintain. If we materially change this Notice, we will post a revised copy on our website. You can get a paper copy of any revised Notice by stopping by our office or contacting (309) 589-5900.

Concerns or Complaints?

Please tell us about any problems or concerns you have with your privacy rights or how the Practice uses or discloses your medical information. If you have a concern, please contact us at (309) 589-5900.

If for some reason the Practice cannot resolve your concern, you may also file a complaint with the federal government by sending a letter to the U.S. Department of Health and Human Services, Office for Civil rights. www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not penalize you or retaliate against you in any way for filing a complaint with the Practice or with the federal government.

Questions?

The Practice is required by law to give you this Notice and to abide by the terms of the Notice that is currently in effect. If you have any questions about this notice, or have further questions about how the Practice may use and disclose your medical information, please use the contact information below:

Tyler Robertson, Chief Executive Officer
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(309) 589-5900