

# Crystal Community Ear, Nose & Throat & Facial Plastic Surgery

Notice of Privacy Policy and  
Practices

Updated September 1, 2013

*"Helping you hear the music,  
smell the flowers and taste the  
good life!"*

790 SE 5<sup>TH</sup> Terrace  
Crystal River, FL 34429  
Phone (352) 795-0011  
Fax (352) 795-9481  
Email [ccent1@embarcomail.com](mailto:ccent1@embarcomail.com)

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.

To file a complaint with our office or for further information concerning our privacy practices, contact the Privacy Officer at

Crystal Community ENT  
790 SE 5<sup>th</sup> Terrace  
Crystal River, FL 34429  
(352) 795-0011

**All complaints must be  
submitted in writing.**

\*You will not be penalized for filing a complaint.

We at CCENT value our patients' trust and are committed to the responsible management, use and protection of personal information. All physicians' offices must collect a certain amount of personal information to provide quality medical care to their patients'. **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

#### **Uses and Disclosures of your Protected Health Information (PHI) and Electronic Health Records**

**Treatment.** Your (PHI) may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

**Payment.** Your PHI may be used to seek payment from your health care plan, from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for services.

**Health care operations.** Your PHI may be used as necessary to support the day-to-day activities and management of our office.

**Law enforcement.** Your PHI may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public health reporting.** Your PHI may be disclosed to public health agencies as required by law.

**Appointments.** Your PHI will be used by our staff to confirm appointments by telephone and to send appointment reminders. We may also leave messages on your answering machine concerning scheduling appointments and procedures.

#### **Marketing and Fundraising.**

The patient's authorization is required for the use and disclosure and sale of PHI. Patient's have the right to Opt out of any fundraising communications.

**Other uses and disclosures require your authorization.** Disclosure of your PHI or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

#### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your PHI
- The right to restrict disclosures of PHI to health plans if you pay for services out of pocket in full
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your PHI
- The right to request that we amend or submit corrections to your PHI
- The right to receive an accounting of how and to whom your PHI has been disclosed
- The right to be notified if you are affected by a breach of unsecured PHI
- The right to receive a printed copy of this notice

#### **Crystal Community ENT Duties**

We are required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices. We are also required to abide by the policies and practices that are outlined in this notice.

#### **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Upon request we will provide you with the most recently revised notice on any office visit.

Requests for medical records

As permitted by federal regulation, we require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request your records by contacting our office. Your request will be reviewed and generally approved unless there are legal or medical reasons to deny the request.