

GEORGIA NASAL AND SINUS INSTITUTE, P.C.
4750 WATERS AVENUE
SUITE 112
SAVANNAH, GEORGIA 31404

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PROVISIONS**

I hereby acknowledge that I was provided with a copy of Georgia Nasal and Sinus Institute, P.C.'s Notice of Privacy Practices on this date.

Patient's (or Guardian's) signature

Date

PRACTICE USE ONLY

Attempt to deliver Notice of Privacy Practices was made on:

_____ on the _____ day of _____, 20____.
(Patient)

However, delivery could not be made because _____

Signature of Practice employee

Date

Title

**PRACTICE DIRECTIVE ON DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Frequently it becomes necessary for our Practice to contact you about information concerning your health. This includes appointment reminders, test results, prescription changes, etc. On occasion we may attempt to contact you by telephone and if we do not reach you directly but rather are connected to an answering machine or voice mail, we are required to inquire whether you authorize us to leave messages concerning information about your health. It is our practice to leave our telephone number and request that you return our call. Please advise us as to your preference.

_____ The physician(s), staff and employees of Georgia Nasal and Sinus Institute, PC, are hereby authorized to leave messages containing health information about me on my answering machine and/or voice mail should they not be able to speak with me directly.

_____ The physician(s), staff and employees of Georgia Nasal and Sinus Institute, PC, may only leave a message for me to return their call.

Further, it may on occasion be necessary to disclose your protected health information to a member of your family, other relative(s), or close friend(s). Example — When others pick up prescriptions or test results on your behalf; or when they provide care for you.

If there are individuals whom you wish to authorize to receive health information about you, please list their names and relationships below:

I hereby consent to the disclosure of protected health information about me to:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

I understand that this list is not exhaustive, and that considering the circumstances disclosure of my protected health information may be made to other family members, relatives, and/or friends not specifically listed here.

Patient signature

Date

**GEORGIA NASAL AND SINUS INSTITUTE
4750 WATERS AVENUE
SUITE 112
SAVANNAH, GEORGIA 31404
(912) 355-1070**

**AMENDED NOTICE OF PRIVACY PRACTICES
Effective May 15, 2011**

**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.**

If you have any questions or requests please contact our Practice Privacy Officer.

SUMMARY

A federal law called the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) creates new rights for health care patients. HIPAA requires that we provide you information regarding what our privacy practices are and how we use health information about you. Under HIPAA we must provide you with a copy of this NOTICE OF PRIVACY PRACTICES and ask that you sign a document stating that we have given the notice to you. You may review the NOTICE OF PRIVACY PRACTICES immediately or at a later time. The following is a brief summary of information contained in this Notice.

1. We, like other health care providers, may use and disclose health information about you as part of your treatment, to arrange for payment for services provided, and for our internal operations. We are not required to have separate permission for those uses and disclosures;
2. We may use and disclose your health information under other circumstances without your authorization;
3. You have certain rights with respect to health information about you, namely:
 - a. You have a right to have a copy of this Notice;
 - b. You have a right to see and copy health information that we may have about you;
 - c. You have the right to an accounting of how we disclose your health information for other than treatment, payment or health care operations;
 - d. You have the right to request that we communicate with you at alternative locations, mailing addresses or telephone numbers;
 - e. You have the right to request an amendment or correction of information in our records that you think is in error;
 - f. You have the right to file a complaint about our privacy practices or if you think your privacy rights have been violated;
 - g. You have the right to request restrictions on uses and disclosures of health information about you.

At Georgia Nasal and Sinus Institute, PC, we take your confidentiality very seriously. We encourage you to read this Notice and keep a copy for your records.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide treatment to you, and will use and disclose your protected health information for treatment, payment, and health care operations as necessary.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected health information,” or “PHI” for short is individually identifiable health information. This information includes demographics, (for example, your age, address, e-mail address), and relates to your past, present, or future physical or mental health condition and related health care services and to the past, present or future payment for the provision of health care. The Practice is required by law to do the following:

- Make sure that your protected health information is kept private;
- Give you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information;
- Follow the terms of the Notice currently in effect;
- Communicate any changes in the Notice to you;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests that you may make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your health information for reasons other than those listed below and permitted by law.

We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. 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 may receive in the future. You may obtain a revised Notice of Privacy Practices by calling the Practice’s Privacy Officer and requesting a copy be mailed to you, or asking for a copy at your next appointment.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive, not every use or disclosure in a category is listed.

Required Uses and Disclosures:

By law, we must disclose your health information to you unless it has been determined by competent medical authority that release of the information would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determination of our compliance with laws concerning the protection of your health information.

Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, information related to your treatment which is obtained by a health care provider such as a physician, nurse, or other person providing health services to you will be recorded in your patient record or chart. This information is necessary for health care providers to determine the appropriate treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. We may disclose your protected health information from time to time to another physician or health care provider, (for example: another specialist, pharmacist or laboratory) who becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be providing information on other drugs you have been prescribed to identify potential interactions. We may disclose your protected health information to pharmacies that accept your prescription(s) in an electronic format.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment:

Your protected health information will be used and disclosed to others, as needed, to obtain payment for treatment and health care services you receive. For example, obtaining approval for a hospital stay might require that your relevant protected health information be disclosed to obtain approval for the hospital admission. In addition, a bill may be sent to you or a third party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis and treatment or supplies used in the course of treatment. We may also share portions of your medical information with billing departments, collection agencies, insurance companies, hospital and/or consumer reporting agencies.

Health Care Operations:

We may use or disclose, as needed, your protected health information to support daily activities related to health care. These uses and disclosures are necessary to run the Practice and to make sure that all patients receive quality care. These activities include, but are not limited to, quality assessment activities, credentialing, legal services, insurance, investigations, oversight or staff performance reviews, training of medical students and/or residents, licensing, communications about a product or service, and conducting or arranging for other health care related activities. We may also disclose information to doctors, nurses, residents, fellows, and other Practice personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care, treatment, diagnosis and health care delivery without learning who the specific patients are.

For example, we may disclose your protected health information to medical school students and/or residents seeing patients at the Practice. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "Business Associates" who perform various activities (for example, billing, telephone answering and transcription services) for the Practice. The Business Associates will also be required, by written contract, to protect the privacy of your health information.

We may use or disclose your protected health information as necessary to provide you with information about treatment alternatives or other health related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about our Practice and the services we offer. We may also send you information about our products or services that we believe might benefit you.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
UNDER OTHER CIRCUMSTANCES WITHOUT YOUR WRITTEN AUTHORIZATION**

Required by Law:

We may use or disclose your protected health information if a law or regulation requires its use or disclosure. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To assist law enforcement officials in their law enforcement duties.

Public Health:

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Communicable Diseases:

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight:

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, licensing, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration:

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Track products.
- Enable product recalls.
- Make repairs or replacements.
- Conduct post-marketing surveillance as required.

Legal Proceedings:

We may disclose your protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement:

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings including a court order, subpoena, warrant, summons or similar process;
- Information requests for identification and location of a suspect, fugitive, material witness, or missing person;
- Circumstances pertaining to victims of a crime;
- Deaths suspected from criminal conduct;
- Crimes occurring at the Practice site;
- Medical emergencies (not on the Practice premises) believed to result from criminal conduct.

Coroners, Funeral Directors, Medical Examiners and Organ Donations:

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donations.

Research:

We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research protocol and established protocols to ensure the privacy of your protected health information.

Criminal Activity:

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security:

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty; (2) for determination by the Department of Veterans Affairs (VA) of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

Workers' Compensation:

We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs including the Family Medical and Leave Act (FMLA).

Inmates:

We may use or disclose your protected health information if you are an inmate of a correctional facility, and the Practice created your protected health information while providing care to you. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Parental Access:

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistent with the laws of the State of Georgia and will make disclosures following such laws.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
TO WHICH YOU CAN OBJECT**

Individuals Involved in Your Health Care:

Unless you object, or in an emergency, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your protected health information to any authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
BASED UPON YOUR WRITTEN AUTHORIZATION**

Other uses and disclosures of your protected health information than those listed above will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time, in writing, except to the extent that the Practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The health and billing records we maintain are the physical property of the Practice. The information in it however belongs to you. You may exercise the following rights by submitting a written request to the Practice's Privacy Officer. Our Privacy Officer can guide you in pursuing these options. Please be aware that the Practice might deny your request.

Right to Inspect and Copy:

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that the Practice uses for making decisions about you.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; protected health information that is subject to law that prohibits access to protected health information; and protected health information, the disclosure of which is deemed to endanger your life or physical safety or the life or physical safety of another person named in the records. If you are denied access to medical information, you may request that the denial be reviewed if the denial is made for safety reasons. Another licensed health care professional chosen by our Practice will review your request and the denial. The professional conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

To inspect and copy medical information that may have been used to make decisions about you, you must submit your request in writing to the Practice Privacy Officer. The Practice Privacy Officer will provide you with an authorization form for your signature. If you request a copy of the information we may charge a fee for the cost of copying, mailing or other supplied associated with your request.

Right to Request Restrictions:

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the Practice Privacy Officer. In your request you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) the expiration date.

If the Practice believes that the restriction is not in the best interest of either party, or the Practice cannot reasonably accommodate the request, the Practice is not required to agree. If the restriction is mutually agreed upon, the Practice will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Communications of Health Information by Alternative Means or at Alternative Locations:

You may request in writing that we communicate with you using alternative means or at alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible. For example, you can ask that we only contact you by mail or at a certain telephone number.

Right to Request Amendment:

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain that information. While we will accept requests for amendment, we are not required to agree to the amendment. To request an amendment or correction your request must be in writing and submitted to the Practice Privacy Officer. Our Practice Privacy Officer has an appropriate form available for making such a request. You must provide a reason or reasons that support your request. We may deny your request if not in writing, or if it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. is not part of the medical information kept by or for our Practice;
3. is not a part of the information which you would be permitted to inspect and copy; or
4. is accurate and complete.

If we deny your request you may submit a written statement disagreeing with this denial. If you choose not to submit a statement of disagreement, you may request that we provide your request for amendment and our denial with any future disclosures of protected health information that is the subject of the original amendment request. If you choose to submit a statement of disagreement, the Practice may prepare a written rebuttal.

Right to an Accounting of Disclosures:

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This disclosure includes the date of each disclosure, who received the disclosure, a brief description of health information disclosed and the reason the disclosure was made. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to additional exceptions, restrictions and limitations as described earlier in this Notice. To request this accounting you must submit your request in writing to the Practice Privacy Officer. The Privacy Officer will provide you with the appropriate form. The Practice must comply with this request within 60 days unless we request a 30 day extension. There is no charge for this disclosure log unless you request more than one per year. For additional lists we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Obtain a Copy of this Notice:

You may obtain a paper copy of this Notice from our Practice upon request.

Effective date: April 14, 2003