



**Notice of Privacy Practices  
South Tulsa Ear, Nose & Throat Ctr, PC  
Tulsa, Oklahoma**

Our practice values your privacy and is committed to protecting medical information about you.

***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!***

**What Is Protected Health Information (PHI)?**

- Protected Health Information or **PHI** is **ANY HEALTH INFORMATION** that can be used to identify you, which we maintain or transmit in written, oral, or electronic form. It may relate to your past, present, or future medical health or services.

**What Is the Purpose of this Notice?**

- This Notice of Privacy Practices tells you how we may use and disclose your PHI that deals with your Treatment, Payment or Health Care Operations (TPO) or for other lawful purposes.
- This Notice also describes your rights under the **Health Insurance Portability and Accountability Act of 1996 (public Law 104-191)** also known as **HIPAA**.

**Our Promises to You**

- **We will abide** by all terms of this notice as required by HIPAA including **our right to change** the terms of this Notice at any time. Any changes will be effective for your entire PHI maintained at the time of the change.
- **We will prominently post** in our office lobby **any notice of changes** in the Notice of Privacy Practices for your review. We will provide you with a current copy upon your next office visitor you may request a revised Notice by calling or writing our office.

**Important**

**Please Read.** This Notice gives you certain legal rights concerning your health information.

## Summary

This document describes how we safeguard your Protected Health Information (PHI) to make sure only the minimum amount of information is used and disclosed to individuals with a legal right to access or view your PHI.

- ❖ **Use** is the sharing, utilization, or examination of information by individuals within our practice.
- ❖ **Disclosure** is the release, transfer, or divulgence of information by us to individuals outside our practice.
- ❖ **Authorization** is you giving us written permission to release your information to you, another person, or an organization.

**This document will help you understand the circumstances in which we can use or disclose your PHI.**

There are six sections in this document. They are:

**1. Uses and Disclosures of Your Protected Health Information**

This covers the uses and disclosures of your Protected Health Information under various circumstances.

For your treatment, payment and health care operations.

Uses & Disclosures without your written authorization or opportunity to object.

Uses & Disclosures with your written authorization.

Uses & Disclosures requiring an opportunity for you to agree or object.

**2. Your Rights with Respect to Your Protected Health Information**

This section lists your rights regarding your PHI and procedures for appealing a decision regarding the use or disclosure of your PHI.

**3. Our Duties to You**

This section explains our duties to you regarding your Protected Health Information.

**4. Complaints**

This section tells you how to make a complaint regarding the use of or disclosure of your Protected Health Information.

**5. Contact Information**

This section tells you whom to contact in our office about a problem relating to the use or disclosure of your Protected Health Information and the method for contacting the Secretary of Health and Human Services should we be unable to solve your problem.

**6. Effective Date of the Notice of Privacy Practices**

This section tells you the date this Notice becomes effective.

Please read this document and sign the attached acknowledgment. The acknowledgment shows that you have received a copy of our Notice of Privacy Practices. If you have any questions, you may contact our Privacy Officer at the below address. We appreciate serving you.

Sincerely,  
**Thomas V. Nunn, D.O.**

**Privacy Officer Contact Information**

Deanne Nunn  
South Tulsa Ear, Nose & Throat Ctr, PC  
8803 S. 101<sup>st</sup> East Avenue, Suite 165  
Tulsa, OK 74133  
(918) 459-8824

Prior to receiving treatment, or at a reasonable time after receiving emergency treatment, you will be provided with a Notice of Privacy Practices. We will ask you to sign a form acknowledging the receipt of this Notice. This notification of your privacy rights will allow us to use your Protected Health Information (PHI) for providing you with treatment, making payment arrangements regarding your treatment, for the health care operations of our office, and for other lawful purposes.

**1. Uses and Disclosures of Protected Health Information**

Your PHI may be used or disclosed by those within our office who have a necessary reason to access the information, or we may use or disclose your PHI to those outside our office who have a need to know your information in order to provide you with health care services related to your treatment, payment, or health care operations.

We will always make reasonable efforts to limit the use and disclosure of your PHI to the minimum necessary. Listed below are examples of the uses and disclosures we may make of your PHI. We will always review non-routine requests for the use or disclosure of your PHI on an individual basis.

**Treatment, Payment or Health Care Operations**

**What is Treatment Related?** We may use and disclose your PHI for use by staff, physicians, or other health care professionals involved in your care that may provide you with treatment, evaluation, diagnostic, and other health care services. Examples may include but are not limited to: other physicians who are treating you; home health care services, pharmacies, laboratories, radiologists, specialists, or diagnostic facilities required for your treatment.

**What is Payment Related?** We will use your PHI as necessary to assist you in paying for your health care services. Examples may include but are not limited to: providing health care plans or insurance companies with information about the dates of service, services provided, and the medical condition you are being treated for in order for them to make a decision regarding eligibility, coverage or payment for those services.

**What is Health Care Operations Related?** We may use and disclose your PHI in order to conduct the normal, ordinary, and reasonable business operations of our office on a day-to-day basis. Examples may include but are not limited to: planning, organizing, controlling, and budgeting activities of our office, and the directing and managing of our staff in performing their duties. From time to time, we may use or disclose your PHI in order to train medical students, physician assistants, nurses, nursing assistants, or other students we are training. We may also use or disclose your PHI in order to evaluate the actions or performance of our staff members. As needed, your PHI may be used or disclosed to state regulatory agencies (as required by law), accrediting agencies, or licensing review boards.

**Appointment Reminders:** We may contact you to remind you of an appointment and, unless you object, we may leave reminders on an automatic answering device connected to your home phone number.

**Waiting Room:** We may ask you to sign-in when you visit our office and may call your name or identifying number in the waiting room.

**Business Records:** We may use your PHI to keep ordinary and necessary business records.

**Business Associates:** If we contract with any Business Associate, such as diagnostic services, medical records copying services, transcription services, billing services, or any other associate involved with your PHI, we promise you that we will have a legal contract with them allowing them to perform such services.

**Uses and Disclosures of Your PHI without Your Authorization or Opportunity to Object**

**Uses and Disclosures as Required By Law:** If any county, state, or federal law requires that we use or disclose your PHI, we will do so to the degree required by law. If required, such disclosure will be made in response to an order of any court of proper jurisdiction. If the law requires, we will notify you of such disclosure.

**Uses and Disclosures for Public Health Activities:** As required by law, we may report your PHI to any county, state, or federal health agency that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to: the reporting of disease, injury, vital events such as birth or death, the conduct of public health surveillance, public health investigations, and public health interventions; or at the direction of a public health authority to an official of a foreign government agency that is acting in collaboration with a public health authority.

**Child Abuse or Neglect:** We may report instances of child abuse or neglect to a public health authority or other government authority that is authorized by law to receive those reports.

**Food and Drug Administration (FDA):** We may report your PHI to the FDA, or a person subject to the jurisdiction of the FDA, to collect or report adverse events with respect to food or dietary supplements, product defects or problems, including problems with the use or labeling of a product, or to conduct post-marketing surveillance.

**Communicable Disease:** We may disclose PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if we are authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

**Workplace:** We may disclose PHI that consists of findings concerning a work-related illness or injury or a workplace related medical surveillance to your employer if the employer needs a report to comply with its obligations under state or federal law to record such illness or injury to carry out responsibilities for workplace surveillance. If we disclose work-related PHI as listed in this paragraph, we will provide you with a written notice that your PHI relating to the medical surveillance of the workplace and work related illness and injuries is being disclosed to your employer.

**Uses and Disclosures About Victims of Abuse, Neglect or Domestic Violence:** Except for child abuse or neglect as listed above, we may disclose your PHI, if we have a reasonable belief you are the victim of abuse, neglect, or domestic violence, to a government authority, including a social service or protective services agency, who is authorized by law to receive reports of abuse; neglect, or domestic violence. We will make the disclosure to the extent it is required by law or if you agree to the disclosure.

We will do this if, in the exercise of our professional judgment, we believe the disclosure is necessary to prevent serious harm to you or other potential victim or if you are unable to agree because of incapacity.

If we make a permitted disclosure, we will promptly inform you that such a report has been made, unless, in the exercise of our professional judgment, we believe that informing you would place you at risk of serious harm. We will not inform your personal representative, if we reasonably believe your personal representative is responsible for the abuse, neglect, or other injury, and that it is not in your best interest to inform them.

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**Uses and Disclosures for Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities that are authorized by law, including civil or criminal audits, criminal investigations, inspections, licensure or disciplinary actions, civil, administrative or criminal proceedings or actions, or other activities for appropriate oversight of the health care system, government benefit programs for which health information is relevant to beneficiary eligibility, organizations subject to government regulatory programs for which health information is necessary for determining compliance with program standards, or organizations subject to civil rights laws for which health information is necessary for determining compliance. (Exception: These disclosures do not include an investigation or activity in which you are the subject of the investigation or activity, and the investigation or other activity is not related to the receipt of health care, a claim for public benefits related to health care or qualification for or receipt of public benefits or services when your health is an important part of the claim for public benefits or services.)

**Disclosures for Judicial and Administrative Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative court, provided that the only PHI disclosed must be expressly authorized by the order.

We may disclose PHI in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative court if we receive satisfactory assurance from the person seeking the information that reasonable efforts have been made to ensure that the individual who is the subject of the PHI that has been requested has been given notice of the request. (For this purpose, satisfactory assurance is a written statement from the person requesting the information, and accompanying documentation, that demonstrates that the person requesting the information has made a good faith attempt to provide written notice to the individual, the notice included sufficient information about the litigation or proceeding in which the PHI is requested to permit the individual to raise an objection to the court or administrative tribunal, and the time for the individual to raise objections has elapsed and no objections were filed, or all objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.)

Or satisfactory assurance has been received from the party seeking the information that reasonable efforts have been made to secure a qualified protective order. (In this case, satisfactory assurance means that we have received from the person making the request a written statement and accompanying documentation which demonstrates that the parties to the dispute have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute, or the party seeking the PHI has requested a qualified protective order from the court or administrative tribunal.)

A qualified protective order is an order of a court or administrative tribunal or a stipulation by the parties to litigation or administrative proceedings that prohibits the parties from using or disclosing the PHI for any purpose other than the litigation or proceeding for which the information is requested and requires them to return to us or destroy the PHI (including all copies made) at the end of the litigation or proceeding.

We may disclose PHI in response to a subpoena, discovery request or other lawful process not accompanied by an order of a court or administrative tribunal without a satisfactory assurance if we make a reasonable effort to provide notice to the individual that meet all legal requirements as listed above or we seek a qualified protective order as defined above.

Nothing in this section dealing with judicial and administrative proceedings will supersede other provisions of this Notice that permit or restrict uses or disclosures of PHI.

**Law Enforcement:** If we are presented with a proper court order, other legal document or lawful demand from a law enforcement agency or law enforcement officer, we will disclose your PHI to the extent that such order, presentation, or demand requires. These requests may include a court order, warrant, subpoena or summons issued by a judicial officer; a grand jury subpoena or an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized by law. The information sought must be relevant and material to a legitimate law enforcement inquiry, specific and limited in scope to the extent reasonably practical in light of the purpose for which the information is sought, and any de-identified information cannot be reasonably used.

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Except for disclosures required by law as listed above, we may disclose PHI in response to a law enforcement official's request for such information for the purposes of identifying or locating a suspect, fugitive, material witness, or missing person. We may disclose only the following information: name, address, date and place of birth, social security number, ABO blood type, Rh factor, type of injury, date and time of treatment, date and time of death, if applicable, and a description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars and tattoos.

Except as permitted above, we may not disclose for the purposes of identification or location any PHI information related to your DNA or DNA analysis, dental records, typing, samples or analysis of body fluids or tissue.

**Victims of A Crime:** We may disclose PHI in response to a law enforcement official's request for such information about you if you are, or it is suspected you are, the victim of a crime, other than disclosures that are subject to the paragraphs above relating to public health disclosures and disclosures about victims of abuse, neglect or domestic violence, if you agree to the disclosure or if we are unable to obtain your agreement because of incapacity or other emergency circumstance. A law enforcement official must represent that such information is needed to determine whether a violation of law by a person, other than the victim, has occurred and such information is not intended to be used against the victim, or that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until you are able to agree to the disclosure and the disclosure is in your best interests, as determined by us, in the exercise of our professional judgment.

**Crime on Premises:** We may disclose PHI to law enforcement official if we believe in good faith that it

**Uses and Disclosures about Decedents:** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. Also, we may disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, we may disclose the PHI prior to, and in reasonable anticipation of, an individual's death.

**Uses and Disclosures for Cadaveric Organ, Eye, or Tissue Donation Purposes:** We may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

**Uses and Disclosures for Research Purposes:** We may use or disclose PHI for research provided that an authorized board has approved the research and proper reviews have been made. Representations must have been received from the researcher that use or disclosure is sought solely to review PHI as necessary to prepare for research. The use or disclosure of PHI will involve no more than minimal risk to your privacy based on a plan to protect the identifiers from improper use and disclosure, a plan to destroy the identifiers at the earliest opportunity consistent with the research, and adequate written assurances that the PHI will not be reused or disclosed to any other person or entity, except as required by law.

**Uses and Disclosures to Avert A Serious Threat to Health or Safety:** We may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if we, in good faith, believe the 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, or it is necessary for law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime that we reasonably believe may have caused serious physical harm to the victim or where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.

**Use and Disclosures for Specialized Government Functions:**

**Military and Veterans Activities-Armed Forces Personnel:** We may use and disclose the PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.

**National Security and Intelligence Activities:** We may disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and other government laws and orders.

**Protective Services for the President and Others:** We may disclose PHI to authorized federal officials for the provision of protective services to the President or other persons authorized by law or for the conduct of lawful investigations.

**Correctional Institutions and Other Law Enforcement Custodial Situations:** We may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual PHI about such inmate or individual, if the correctional institution or such law enforcement official represents that such PHI is necessary for the provision of health care to such individuals, the health and safety of such individual or other inmates, or the health and safety of the officers or employees; or others at the correctional institution.

**Disclosures for Workers' Compensation:** We may disclose PHI, as authorized by and to the extent necessary; to comply with laws relating to workers' compensation, or other similar programs established by law, that provide benefits for work related injuries or illnesses without regard to fault.

**In Accordance with Public Law 104-191 (HIPAA-1996):** We must make disclosures regarding your PHI to the Department of Health and Human Services, if required, in order for them to determine our compliance with HIPAA standards.

**If a use or disclosure for any of the above purposes is prohibited or materially limited by any applicable law, our use and disclosure of your PHI will reflect the more stringent law.**

#### **Uses and Disclosures with Your Written Authorization**

Unless we are allowed, permitted, or required by law, any other uses and disclosures of your PHI will only be made after we have received your **written authorization**.

**Revocation:** You may revoke any authorization you have made at any time, provided that your request for revocation is in writing and states which authorization you wish to revoke. However, if we have already relied upon your authorization to use or disclose your PHI, or if the authorization was obtained as a condition of obtaining insurance coverage, you may not revoke your authorization regarding releases prior to the date of your revocation.

#### **Uses and Disclosures Requiring an Opportunity for You to Agree or Object to**

**Fax or Email:** We may email or use a facsimile (fax) to contact you, if you give us permission.

**Fundraising:** We may use and disclose selected demographic information regarding your treatment, including the type of treatment you received and the dates of your treatment, in order to contact you for fundraising activities supported by our office. If you do not wish to receive any of these, you may opt-out by making a notation on page 1 of the Acknowledgment Form at the end of this Notice.

**Treatment Options:** We may use or disclose your PHI in order to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may use your name for a newsletter or email notification about other services, products, or for general health information. If you do not wish to receive any of these, you may opt-out by making a notation on page 1 of the Acknowledgment Form at the end of this Notice.

**Involvement in Your Health Care by Another-Notification and Location:** We may use or disclose PHI to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location, general condition, or death.

**Uses and Disclosures When You Are Present:** If you are present for, or otherwise available prior to, a use or disclosure to another person and have the capacity to make health care decisions, we may use or disclose your PHI if we obtain your agreement, provide you with an opportunity to object to the disclosure and you do not express an objection, or we reasonably believe from the circumstances, based on the exercise of our professional judgment, that you do not object to the disclosure.

**Uses and Disclosures If You Are Not Present:** If you are not present, or the opportunity to agree or object to the use or disclosure cannot be provided because of your incapacity or an emergency circumstance; we may, in the exercise of our professional judgment, determine whether the disclosure is in your best interest. If we determine it is in your best interest, we will disclose only the PHI that is directly relevant to the person's involvement with your health care. We may use our professional judgment to make a decision regarding your best interest in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

**Disclosures for Disaster Relief Purposes:** We may use or disclose PHI to a public or private organization authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with them the notification of (including identification or locating) a family member, your personal representative, or another person responsible for your care, of your location, general condition, or death. The requirement of you being present or not present, as listed in the two paragraphs above, apply to such uses and disclosure to the extent that, in the exercise of our professional judgment, we determine those requirements do not interfere with the ability to respond to emergency circumstances.

## **2. Your Rights With Respect to Your Protected Health Information**

**A. You have the right to request that we not use or disclose any or part of your PHI** in order to carry out your treatment, payment, or health care operations or other disclosures as listed in this notice. This right to request restriction does not extend to uses or disclosures required by law.

This includes your right to request that your PHI not be disclosed to family members; guardians, caregivers, or others who may be involved in your care as described in this Notice of Privacy Practices.

We are not required by law to agree to your request for restriction, but if we do agree to your request for restriction, we will not use or disclose your PHI as specified in your request unless the use or disclosure of the restricted PHI is needed to provide you with necessary or emergency treatment by us or another health care provider.

**Emergency Use or Disclosure:** In the case of an emergency, we may use the restricted PHI or may disclose that information to a health care provider to provide you with any emergency treatment. In the case of disclosure to another health care provider-we will request that they not further use or disclose that information.

Any request for such restrictions must state the specific restrictions you are requesting and to whom the restrictions apply. You should make such requests to your attending physician or submit a written request to our office. We will document the request in your records and discuss this request with you at your next visit.

**Termination of Agreement:** If we grant you a restriction to your PHI, we may terminate our agreement to the restriction if: (1) you agree to the termination or request the termination in writing; (2) you orally agree to such termination, and we document your oral agreement; or (3) we notify you in writing that we are terminating our agreement to a restriction. If we do terminate such an agreement, the termination will only cover the PHI that was created or received after we notified you of the termination.

If you are unable to agree or object, we will use our professional judgment in making a decision about which portions of your PHI should be used or disclosed. When you are able to give us your opinion about our decision regarding the use of your PHI, you may modify our decision.

**B. You have the right to receive confidential communications about your PHI by alternative means or at alternative locations.** You must make your request in writing, and it must be reasonable.

You have no responsibility to tell us why you are requesting such information. You may make the request to our Privacy Officer whose name is listed on page 10 of this notice.

**C. You have the right of access to inspect and obtain a copy of your PHI for as long as we maintain the PHI.**

You may not receive psychotherapy notes, PHI compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding, PHI that is subject to the Clinical Laboratory Improvements Amendments of 1988, or PHI that is restricted by any other state or federal law.

We reserve the right to charge you a reasonable cost-based fee for making copies of any records you request. This fee may include the cost of supplies, labor for copying, postage and, if you agree, the cost of preparing an explanation or summary of the requested PHI.

**Unreviewable Grounds for Denial:** We may deny you access to your PHI without providing you an opportunity for review if law restricts the PHI, if requesting psychotherapy notes, or if you are an inmate of a jail or correctional institution.

We may also suspend access to your PHI if we obtained the PHI during the course of research that included treatment, provided you agreed to the denial of access when you consented to participate in the research that included the treatment: Your right of access will be reinstated upon completion of the research.

Your right of access to your PHI, which is contained in records that are subject to other Federal Privacy Laws (privacy Act, 5 U.S.C. Section 552a), may be denied if our denial of access meets the requirements of that law.

We may deny you access to your PHI if your PHI was obtained from someone other than us under the promise of confidentiality, and the access you request would be reasonably likely to reveal the source of the information.

**Reviewable Grounds for Denial:** If we deny you access to your PHI for one of the following three reasons, you have the right to have our decision of denial reviewed by a licensed health care professional who we have designated to act as our reviewing official and who did not participate in the original decision to deny. Our final decision to provide access will be based upon the reviewing official's decision.

- (1) A licensed health care professional has determined, in the exercise of his or her professional judgment, that the access you have requested is reasonably likely to endanger your life or physical safety or the life or physical safety of another person.
- (2) The PHI you have requested makes reference to another person who is not a health care provider, and a licensed healthcare professional has determined, in the exercise of his or her professional judgment, that the access you have requested is reasonably likely to cause substantial harm to the person referenced.
- (3) The request for the PHI is being made by your personal representative, and a licensed health care professional has determined, in the exercise of his or her professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.
- (4) If we elect to have your request reviewed by a licensed health care professional, we will promptly refer that request and ask for a decision regarding whether or not to deny the access requested within a reasonable period of time. We will promptly provide you with written notice of the determination of the reviewing official, and we will take any action necessary to carry out the reviewing official's determination,

**Making A Request:** Your request must be made to the Privacy Officer whose name is listed on page 10. We will act upon your request and notify you in writing no later than 30 days after receipt of your request. If your request for access is for PHI that we do not maintain or is not accessible at our office, we will act on the request no later than 60 days from the receipt of your request.

**Delays:** If we are unable to respond to your request within the 30 to 60 day period as required, we may extend the time for our response for no more than 30 days. If we need an extension, we will provide you with a written statement of the reasons for the delay in granting your request and the date by which we will complete our action on your request. We are not allowed by law to have more than one extension of time for action on your request.

**If we allow you the access you have requested,** we will arrange with you a convenient time and place for you to inspect or obtain a copy of the requested PHI, or if you have so requested, we will mail you a copy of your requested PHI.

**If we deny your request** for your PHI in whole or part, to the extent possible, we will give you access to other PHI you have requested after excluding the PHI which we have grounds to deny. If we deny your request, we will do so in writing within 30 days from the date of your request. Our denial will tell you on what basis we have made the denial, your rights, if any, to have our denial reviewed, and how you may complain to us or to the Secretary of Health and Human Services.

If we do not maintain the PHI that you have requested, and we know where the requested PHI is maintained, we will inform you of where to direct your request for access.

If we grant you access, in whole or in part, to your PHI, we will provide you the access requested, including inspection, copies, or both, of the PHI in the designated records sets. If we maintain the PHI that you have requested in more than one designated record set or at more than one location, we will only produce the PHI once in direct response to your request.

We will provide you access to the PHI you have requested in the form or format that you have requested, if we maintain it in such form or format. If we do not, we will provide it in a readable hard copy form or other agreed upon form or format.

We will provide you with a summary or explanation of the requested PHI in lieu of providing access to the PHI if you agree that such summary or explanation is sufficient and also agree to any reasonable fees we may charge you in granting the summary or explanation.

**D. You have the right to amend your Protected Health Information:** You have the right to request that we amend your PHI or a record about you as long as we maintain the information.

We may deny your request for amendment if we determine that the PHI or record that you have requested be amended:

Was not created by us, unless you can provide us with a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;

Is not part of our records;

Is not required to be accessed by you by law (for example, psychotherapy notes, or records compiled in reasonable anticipation of, or for use in a judicial action); or

Is accurate and complete.

Your request for amendment must be in writing and provide a reason to support your requested amendment. We will act on your request for an amendment no later than 60 days after the receipt of your request.

If we accept the requested amendment, in whole or part, we will make the appropriate amendment to your PHI or record that is the subject of your request.

We will inform you that we have accepted your amendment and obtain your identification of, and agreement to have us notify, any person or persons with whom the amendment needs to be shared.

We will make all reasonable efforts to inform and provide the amendment, within a reasonable time, to persons you have identified as having received your PHI and needing the amendment and persons, including our business associates, who we identify as having the PHI that is the subject of the amendment.

If we deny your request for amendment, in whole or in part, we will provide you with a timely written denial within 60 days stating the reason for the denial. We will also inform you of your right to submit a written statement disagreeing with the denial and give you information on filing such a statement.

You may make your request for amendments to the Privacy Officer whose name is listed on page 10.

**E. You have the right to receive an accounting of any disclosures of your PHI**, which we have made in the six years prior to the date on which the accounting is requested, except for disclosures:

We have made to carry out treatment, payment, and health care operations as listed in this Notice; made to you; required and protected by law; made in compliance with a valid authorization; made for a facility directory; to family members, guardians, or friends involved in your care; for national security or intelligence purposes; to correctional institutions or law enforcement officials as required by law; or that occurred prior to the original date of our Notice of Privacy Practices.

Your right to receive an accounting of disclosures to a health oversight agency or law enforcement official will be temporarily suspended if such person or agency provides us with a written statement that such an accounting to you would be reasonably likely to impede the agency's activities and specifies the time for which such a suspension is required.

**F. You have the right to receive a full printed copy of our Notice of Privacy Practices**, even if you have requested this document in electronic form.

**G. You have the right to complain to us if you believe your privacy rights have been violated by us.**

### **3. Our Duties to You**

We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices.

We are required by law to abide by the terms of our current Notice of Privacy Practices.

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain.

If we change a privacy practice that is stated in this Notice we will make the change in the Notice of Privacy Practices posted in our office lobby and provide you with a revised Notice upon your first visit to our office following the change in the current Notice.

### **4. How to Make a Complaint**

Any complaints should be in writing, state the nature of the complaint, and how to contact you. You will not be retaliated against for filing a complaint; and your complaint will not affect your diagnosis or any treatment we are providing you. You may send your complaint to our Privacy Officer or the Secretary of Health and Human Services.

**5. Who to Contact**

Deanne Nunn  
South Tulsa Ear, Nose & Throat Ctr, P.C.  
8803 S. 101<sup>st</sup> East Avenue, Suite 165  
Tulsa, OK 74133  
(918)459-8824

-OR-  
Secretary of Health and Human Services

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W  
Washington, D.C. 20201  
202-619-0257 or Toll Free 1-877-696-6775  
HHS.Mail@hhs.gov

**6. Effective Date**

This notice becomes effective on 1-Apr-03.