

David S. Cross, M.D., Ph.D., F.A.C.S
P & A Associates ENT, P.C
8409 North Run Medical Drive
Mechanicsville, VA 23116
(804) 569-6240

P&A ENT Associates, P.C. Notice of Privacy Practices

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 about this Notice, please contact our Privacy Officer:

Sandra Borden
8409 North Run Medical Drive
Mechanicsville, VA 23116
(804) 569-6240

1. Purpose

We understand that medical information about you and your health is personal, and we are committed to protecting that information. We create a record of care and services you receive at P & A ENT Associates, P.C., in order to provide you with quality care in compliance with certain legal requirements.

This Notice of Privacy Practices describes how we may use and disclose medical information about you, including demographic information that may identify you and your related health care service to carry out your treatment, obtain payment for our services, perform the daily health care operations of this practice and for other purposes that are permitted or required by law. This notice also describes your rights to access and control of your medical information.

We are required to abide by the terms of this Notice of Privacy Practices.

2. Written Acknowledgment

You will be asked to sign a written statement acknowledging that you have received a copy of this notice. The acknowledgment only serves to create a record that you have reviewed a copy of the notice.

3. Changes to this Notice

We may change the terms of our Notice, at any time. The new Notice will be effective for all medical information that we maintain at this time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request to revised copy, you may call our office and request that a revised copy be sent to in the mail or you may ask for one at the time of your next appointment.

4. How We May Use and Disclose Medical Information about You

The following categories describe the different ways that P & A ENT Associates, P.C. may use and disclose your medical information, as well as a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made our office. Other uses and disclosures of your medical information that are not listed or described below will be made only with your written authorization. You may revoke this authorization at any time in writing, but it will not apply to any actions we have already taken.

For your treatment: Your medical information may be used and disclosed by us for the purpose of providing medical treatment to you or for another health care provider providing medical treatment to you. For example, if a nurse obtains treatment information about you and documents it in your medical record, the physician will have access to that information. If you require an x-ray to be taken, the x-ray technician may also have access to your medical information. In addition, your medical information may be provided to a physician to whom you have been referred or are otherwise seeing, to ensure that the physician has the necessary information to diagnose or treat you.

To obtain payment for our services:

Your medical information may be used and disclosed by us to obtain payment for your health care bills or to assist another health care provider in obtaining payment for their health care bills. For example, we may submit requests for payment to your health insurance company for the medical services that you received. We may also disclose your medical information as required by your health insurance plan before the insurance approves or pays for the health care services we recommend for you.

For our health care operations: Your medical information may be used and disclosed by us to support our daily operations. These health care operation activities include, but are not limited to, quality assessment activities, employ review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your medical information to medical school students that see patients at our office. We may also use the medical information we have to determine where we can make improvements in the service and care we offer.

For the health care operations of other health care providers: We may also use your medical information to assist another health care provider treating you with its quality improvement activities, evaluation of the health care professionals or for fraud and abuse detection or compliance. For example, we may disclose your medical information to other physicians to assist in their efforts to make sure they are complying will all rules related to operating a medical practice.

For appointment reminders: We may use or disclose your medical information to contact you to remind you of your appointment, by mail or by telephone. Our message will include the name of our practice or the name of our physician as well as the date and time for your appointment and a reminder if an insurance referral is needed.

To provide you with treatment alternatives: We may use or disclose your medical information 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 contact several home health agencies or physical therapy providers to discuss the services they provided when we have a patient who needs these services.

To our business associates: We will share your medical information with third party "business associates" that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or

disclosure of your medical information, we will make a written agreement that contains terms that will protect the privacy of your medical information. For example, if P & A Associates P.C. hires a transcription company to type dictated reports, your medical information will be disclosed to this company, but a written agreement between our office and the transcription company will prohibit the transcription company from using your medical information in any way other than what we allow.

For fundraising activities: We may use or disclose your demographic information and the dates that you received treatment from us in order to contact you for the fundraising activities supported by our office. If you do not want to receive these materials, please contact the Privacy Officer and request that these fundraising materials are not sent to you.

Others involved in your health care:

Unless you object, we may disclose medical information that directly relates to your care to a person you have identified, including a member of your family, a relative, a close friend, or any other person you have identified. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment. We may use or disclose your medical information to notify a family member or any other person that is responsible for your care of your location and general health condition. Finally, we may use or disclose your medical information to an authorized public or private entity to assist in (1) disaster relief efforts and (2) to coordinate uses and disclosures to family or other individuals involved in your health care.

As required by law: We may use or disclose your medical information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

For public health activities: We may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your medical information, if directed by the public health authority, to any other government agency that is collaborating with the public health authority.

As required by the Food and Drug Administration: We may disclose your medical information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to tract products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

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

To your employer: We may disclose your medical information concerning a work related injury or illness to your employer if you are covered under your employer's policy. These steps will be taken in order to conduct an evaluation relating to medical surveillance of the work place or to evaluate whether you have a work-related injury, in accordance with the law.

For abuse or neglect: We may disclose your medical information to a public health authority that is authorized by law to receive reports of child or adult abuse or neglect. In addition, we may disclose your medical information if we believe that you have been a victim of abuse, neglect, or domestic violence, as may be required or permitted by Virginia and/or federal law.

For health oversight: We may disclose your medical information to a health oversight agency for activities authorized by law. Oversight agencies seeking this information include government

agencies that oversee the health care system, government benefit programs (such as Medicare or Medicaid), other government regulatory programs, and civil rights laws.

In legal proceedings: We may disclose your medical information in the course of any judicial or administrative tribunal (to the extent that such disclosure is expressly

Regarding inmates: We may use or disclose your medical information if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.

For required uses and disclosures: Under the law, we must make disclosures to you, and when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act and its regulations.

5. Your Rights

Following is a statement of your rights with respect to your medical information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your medical information: You may inspect and obtain a copy of your medical information that we maintain. The information may contain medical and billing records and any other records that we use for making decisions about you. However, under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled related to a civil, criminal, or administrative action; and medical information that is subject to law that prohibits access to medical information in certain circumstances. We may deny your request to inspect your medical information. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your medical information. This means you may ask us not to use or disclose any part of your medical information for the purpose of treatment, payment, or health care operations. You may also request that part of your medical information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to your request. If we agree to the requested restrictions, we may not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment or unless we otherwise notify you that we can no longer honor your request. With this in mind, please discuss any restriction you wish to request with your physician. Please request all restrictions in writing to our Privacy Officer.

You have the right to request that we accommodate you in communicating confidential information. We will accommodate reasonable requests, but we may condition this accommodation by asking you for information as to how payment will be handled or other information necessary to honor your request. Please make this request in writing to our Privacy Officer.

You may have the right to ask us to amend your medical information. You may request an amendment of your medical information as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment,

you have the right to file a disagreement with us and we may respond in writing to you. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your medical information. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excluded disclosures we have made pursuant to your authorization (permission) made directly to you, to family members or friends involved in your care, or for appointment notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us. If you would like a paper copy of this notice, please request one directly from the Privacy Officer or request a copy from P & A Associates, P.C.

6. Complaints

You may complain to us if you believe we have violated your privacy rights. To file a complaint, please contact our Privacy Officer, who will be willing to assist you. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you in any way for filing a complaint. If you do not wish to file a complaint with our office, you may contact the Secretary of Health and Human Services.

7. Privacy Contact

If you have any questions about this Notice or require additional information, please contact our Privacy Officer:

Sandra Borden
8409 North Run Medical Drive
Mechanicsville, VA 23116
(804) 569-6240

Our Privacy Officer is available during normal business hours to discuss your privacy questions, concerns, or complaints.

8. Effective Date: This notice was published and became effective on April 14, 2003. This notice was updated April 20, 2016.