



METSON & SCANGAS

Ralph B. Metson, MD & George A. Scangas, MD
Otolaryngology | Nasal and Sinus Surgery

NOTICE REGARDING PRIVACY OF HEALTH INFORMATION

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.

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) requires that the practice provide you with this Notice Regarding Privacy of Personal Health Information. This Notice describes (1) how the practice may use and disclose your protected health information, (2) your rights to access and control your protected health information in certain circumstances, and (3) the practices' duties and contact information.

PROTECTED HEALTH INFORMATION: "Protected health information" is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present or future physical or mental health; the provision of health care to you; and your past, present or future payment for health care.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by the practice in the course of providing treatment, obtaining payment for treatment, and conduction health care operations. Any disclosures may be made in writing, electronically, by facsimile, or orally. The practice may also use or disclose your protected health information in other circumstances if you authorize the use or disclosure, or if the state law of HIPAA privacy regulations authorizes the use or disclosure.

TREATMENT - The practice may use and disclose your protected health information in the course of providing or managing your health care, as well as any related services. For the purpose of treatment, the practice may coordinate your health care with a third party. For example, the practice may disclose you protected health information to a pharmacy to fulfill prescriptions, to a radiology facility to order imaging studies or to another physician for continued treatment.

PAYMENT – When needed, the practice will use or disclose your protected health information to obtain payment for its services. Such uses may include disclosures to your health insurer to get approval for a recommended treatment, to determine whether you are eligible for benefits, or whether a particular service is covered by your health plan. When obtaining payment for your health care, the practice may also disclose your protected health information to your insurance company to demonstrate the medical necessity of the care or for utilization review when required by your insurance company. Finally, the practice may also disclose your protected health care information to another provider where that provider is involved in your care and requires the information to obtain payment.

OPERATIONS – The practice may use or disclose your protected health care information when needed for the practice's health care operations for the purpose of management or administration of the practice and of offering quality health care services. Health care operations may include: (1) quality evaluations and improvement activities; (2) employee review activities and training programs; (3)



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accreditation, certification, licensing, or credentialing activities; (4) reviews and audits such as medical reviews, legal services, and maintaining compliance programs; and (5) business management and general administrative activities. For instance, the practice may use protected health information of patients to review their treatment course when making assessments regarding ear, nose and throat care or treatment. In addition, the practice may disclose your protected health care information to another provider or health plan for their health care operations.

EMERGENCIES – The practice may use or disclose your protected health information in an emergency treatment situation. If this happens, the practice will attempt to obtain consent from you as soon as reasonably possible after the treatment. If the practice is required by law to treat you and we have been unable to obtain consent, we may still use or disclose your protected health information to treat you.

OTHER USES AND DISCLOSURES – As part of treatment, payment, and healthcare operatives, the practice may also use and disclose protected health care information to: (1) remind you of an appointment, including the leaving of reminder information on your telephone answering machine; (2) inform you of potential treatment options or alternatives; or (3) inform you of health related benefits or services that may be of interest to you.

II. ADDITIONAL USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION OR AN OPPORTUNITY TO OBJECT

In addition to treatment, payment and health care operations, the practice may use or disclose your protected health care information without your permission to authorization in certain situations, including:

WHEN LEGALLY REQUIRED– The practice will comply with any Federal, state or local law that requires it to disclose your protected health information.

WHEN THERE ARE RISKS TO PUBLIC HEALTH – The practice may disclose your protected health information for public health purposes as permitted or required by law.

TO REPORT ABUSE, NEGLIGENCE, OR DOMESTIC VIOLENCE – As required or authorized by law or with the patient’s agreement, the practice may inform government authorities if it is believed that a patient is the victim of abuse, neglect, or domestic violence.

TO CONDUCT HEALTH OVERSIGHT ACTIVITIES – The practice may disclose your protected health information to a health oversight agency for use in (1) audits; (2) civil, administrative, or criminal investigations, proceedings or actions; (3) inspections; (4) licensure or disability actions; or (5) other necessary oversight activities as permitted by law. However, if you are the subject of an investigation, the practice will not disclose protected health information that is not directly related to your receipt of health care or public benefits.



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FOR JUDICIAL AND ADMINISTRATIVE PROCEEDINGS – The practice may disclose protected health information for any judicial or administrative proceeding if the disclosure is expressly authorized by an order of a court or administrative tribunal as expressed by such order or a signed authorization is provided.

FOR LAW ENFORCEMENT PURPOSES – The practice may disclose your protected health information to a law enforcement official purposes when:

1. Required by law to report certain types of physical injuries
2. Required by court order, court-ordered warrant, subpoena, summons or similar process
3. Needed to identify or locate a suspect, fugitive, material witness or missing person
4. Needed to report a crime in an emergency situation
5. You are the victim of a crime in specific limited instances
6. Your death is suspected by the practice to be the result of a criminal conduct

TO CORONERS, FUNERAL DIRECTORS AND FOR ORGAN DONATION – The practice may disclose protected health information to a coroner or medical examiner for the purpose of (1) identification; (2) determination of cause of death; or (3) performance of coroner or medical examiner's other duties as authorized by law.

TO PREVENT OR DIMINISH A SERIOUS AND IMMINENT THREAT TO HEALTH OR SAFETY – If in good faith the practice believes that use or disclosure of your protected health information is necessary to prevent or diminish a serious and imminent threat to your safety or to the health and safety of the public, the practice may use or disclose you protected information as permitted under law and consistent with ethical standards of conduct.

FOR SPECIFIC GOVERNMENT FUNCTIONS – As authorized by the HIPAA privacy regulations, the practice may use or disclose your protected health information to facilitate specified government functions relating to military and veteran activities, national security and intelligence activities, protection services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

FOR WORKER'S COMPENSATION – The practice may disclose your protected health information to comply with worker's compensation laws or similar programs.

III. USES AND DISCLOSURES PERMITTED WITH AN OPPORTUNITY

Subject to your objection, the practice may disclose your protected health information (1) to family members or close personal friends if the disclosure is directly relevant to the person's involvement to your care or payment related to your care; or (2) when attempting to locate or notify family members or others involved in your care in order to inform them of your location, condition or death. The practice will inform you orally or in writing of such uses and disclosures of your protected health information as well as provide you with an opportunity to object in advance. Your agreement or objection to the uses and disclosures can be oral or in writing. If you do not object to these disclosures, the practice is able to infer from the circumstances that you do not object or the practice determines, in its professional



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judgment, that it is in your best interest for the practice to disclose information that is directly relevant to the person's involvement with your care, then the practice may disclose your protected health information. If you are incapacitated or in an emergency situation, the practice may exercise its professional judgment to determine if the disclosure is in your best interest and, if such a determination is made, may only disclose information directly relevant to your health care.

IV. USES AND DISCLOSURES AUTHORIZED BY YOU

Other than the circumstances described above, the practice will not disclose your health information unless you provide written authorization. You may revoke your authorization in writing at any time except to the extent that the practice has taken action in reliance upon the authorization.

V. YOUR RIGHTS

You have certain rights regarding your protected health information under the HIPAA privacy regulations. These rights include:

THE RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION – For as long as the practice holds your protected health information, you may inspect and obtain a copy of such information included in a designated record set. A “designated record set” contains medical records as well as any other information the practice uses to make decisions regarding the services provided to you.

You may not inspect or copy certain records by law, including: (1) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and (2) protected health information that is subject to a law that prohibits access to protected health information. You may have the right to deny access reviewed in some situations.

You must submit a written request to the practice office if you would like to obtain copies of your medical record or if you would like them sent to another physician. The practice may charge you a fee for the cost of copying, mailing, or other costs incurred by the practice in complying with your request. Please contact the practice office if you have any questions about access to your medical records at the number given on the last page of this Notice.

The right to obtain a paper copy of this Notice – The practice will provide you with a separate copy of this notice upon request.

VI. THE PRACTICE'S DUTIES

The practice is required to ensure the privacy of your health information and to provide you with this Notice of your rights and the practice's duties and procedures regarding your privacy. The practice must abide by the terms of this Notice, as may be amended periodically. The practice reserves the right to change the terms of this Notice, as may be amended periodically. The practice reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health



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information that the practice collects and maintains. If the practice alters its Notice, the practice will have a revised copy for your review in the office.

VII. COMPLAINTS

If you believe that your privacy rights have been violated, you have the right to relate complaints to the practice and to the Secretary of the Department of Health and Human Services. You may provide complaints to the practice verbally or in writing. Such complaints should be directed to the practice's Privacy Contact.

VIII. CONTACT PERSON

The practice's contact person regarding the practice's duties and rights under the HIPAA privacy regulations is the Privacy Contact who can be reached at:

Ralph Metson, MD & George Scangas, MD
Zero Emerson Place, Suite 2C|D
Boston, MA 02114

Or by telephone at:

617-227-4366