



11119 Rockville Pike
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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.

This Notice of Privacy Practices (“Notice”) describes how Kamil Ear, Nose, and Throat, including its employees, staff, personnel, volunteers, and other professionals (collectively, “we”, “us”, “our”), will use and disclose your health records that are subject to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) (your “Protected Health Information” or “PHI”).

Information about you and your health is personal. We are committed to protecting your personal health information. We create a record of the care and services you receive at Kamil Ear, Nose, and Throat, which includes PHI. We need this record to provide you with quality care and to comply with certain legal requirements. By law, we are required to maintain the privacy of PHI, provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and abide by the terms of the Notice of HIPAA Privacy Practices currently in effect. You might have additional rights under other applicable state or federal law. Applicable state or federal laws that provide greater privacy protection or broader privacy rights will continue to apply and we will comply with such laws to the extent they are applicable.

Uses or Disclosures of Your PHI

We access, use, and disclose PHI for a variety of reasons, as permitted or required by HIPAA. Other applicable laws governing sensitive information (including behavioral health information, drug and alcohol treatment information, and HIV status) may further limit these uses and disclosures. The following includes descriptions and examples of our potential uses and disclosures of your PHI. Please note that not every potential use and disclosure will be listed in this Notice, but all the ways we may use or disclose your PHI will fall within one of the categories below.

Health Information Exchange. We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (“HIE(s)”) in which we participate. For example, information about your past medical care, current medical conditions, and medications can be available to us or to your other medical providers if they participate in the HIE. Exchange of health information can provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions.

The Chesapeake Regional Information System for Our Patients, Inc. (“CRISP”), is a regional Internet-based HIE in which we participate. We may share information about you through CRISP for treatment, payment, health care operations, or research purposes. You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax, or through their website at crisphealth.org. Even if you opt-out of CRISP, public health reporting and Controlled Dangerous



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Substances information, as part of the State Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP as permitted by law.

Treatment. We may use or disclose your PHI to provide medical treatment or services to you to manage and coordinate your medical care. For example, we may share your PHI with another health care provider who is treating you to be sure that provider has the PHI they need to diagnose and treat you.

Payment. We may use or disclose your PHI to obtain payment for your health care services. For example, we may provide your health insurance company with certain PHI that it needs before it can pay us for services that we provided to you. Your health insurance company may also require us to share information with them to determine whether you are eligible for benefits.

Health Care Operations. We may use and disclose your PHI to manage, operate, and support the business activities of our practice. This includes, but is not limited to, licensing, quality assessment, business planning, and administrative activities. For example, we may combine outcome data from many patients to evaluate the need for new products, services, or treatments. We may disclose information to health care professionals, students, and other personnel for review and training purposes. We may also combine health information we have with other sources to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy and to allow others to use the information to study health care without learning the identity of specific residents. We may also use and disclose medical information to evaluate the performance of our staff and your satisfaction with our services.

Required by Law and Legal Proceedings. We will use or disclose your PHI when required to do so by an applicable law. For example, we may share your PHI when required to report suspected child abuse. We may use and disclose your PHI in response to court or administrative orders, subpoena, discovery request, or other lawful process.

Abuse, Neglect, or Domestic Violence: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence. For example, if we believe that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees to the disclosure, or we are otherwise permitted or required by law to do so.

Law Enforcement. We may use and disclose PHI about you as required by federal, state, and local laws. For example, we may disclose certain PHI if asked to do so by a law enforcement official in circumstances such as:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct in our offices; and



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- in emergency circumstances to report a crime; the location of a crime or victims; or the identity, description, or location of the person who committed the crime.

To Avert a Serious and Imminent Threat of Harm. Consistent with applicable law and our ethical standards, we may disclose PHI to law enforcement or other persons who can reasonably prevent or lessen the threat of harm in order to avoid a serious and imminent threat to the health or safety of an individual or the public. For example, the law may require such disclosure when an individual or group has been specifically identified as the target or potential victim of a threat.

Coroners, Medical Examiners, or Funeral Directors. We may disclose PHI to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties, in accordance with applicable laws. For example, we may disclose PHI to a coroner for purposes of identifying a deceased person.

Organ and Tissue Donation Requests. We may share PHI about you with organ procurement organizations or other similar entities. If you are an organ or tissue donor, we may use or disclose health information about you to organizations that help with organ, eye, and tissue donation and transplantation.

Public Health. We may share PHI about you for certain public health activities, such as:

- Preventing disease;
- For the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity;
- Helping with product recalls;
- Reporting adverse reactions to medications;
- Reporting a person who may have been exposed to a disease or may be at risk of contracting and/or spreading a disease or condition; and
- Releasing proof of immunization for students without an authorization if you have agreed to the disclosure on behalf of yourself or your dependent.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for audits, investigations, inspections, licensures, and other activities as authorized by law. For example, we may share your PHI with governmental units that oversee or monitor the health care system, government benefit and regulatory programs, and compliance with civil rights laws.

Research. We may use or share your PHI under certain circumstances. For example, we may disclose PHI to a research organization if an institutional review board or privacy board has reviewed and approved the research proposal, after establishing protocols to ensure the privacy of your health information.

Workers' Compensation. We will disclose only the PHI necessary for Worker's Compensation in compliance with applicable Worker's Compensation laws. This PHI may be reported to your employer and/or your employer's representative regarding an occupational injury or illness.



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Military, National Security, and other Specialized Government Functions and Activities. We may disclose PHI to military authorities under certain circumstances. For example, we may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities for determination of benefit eligibility by the Department of Veterans Affairs or to foreign military authorities if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities or special investigations (including for the provision of protective services to the President of the United States, other authorized persons, or foreign heads of state) or to the Department of State to make medical suitability determinations.

Correctional Institutions. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose PHI about you. Such information will be disclosed to the correctional institution or law enforcement official when necessary for the institution to provide you with health care and to protect the health and safety of others.

De-Identified PHI. We may de-identify your health information as permitted by law. We may use or disclose to others the de-identified information for any purpose, without your further authorization or consent, including but not limited to research studies and health care/health operations improvement activities.

Business Associates. On some occasions we may share your PHI with a business associate, such as a consultant, cloud service provider, or other vendor. For example, while we are providing you with health care services, we may share your PHI with business associates to help us perform services related to billing, administrative support or data analysis. These business associates are required by HIPAA to protect your PHI. We may also share your PHI with a Business Associate who will remove information that identifies you so that the remaining information can be used or disclosed for purposes outside of this Notice.

Appointment Reminders. We may use your PHI to provide appointment reminders. We may contact you by mail, e-mail, or telephone. We may use the telephone number(s) you provide us to leave voice messages or send text messages.

Use of Unsecure Electronic Communications

If you choose to communicate with us via unsecure electronic communication, such as regular email or text message, we may respond to you in the same manner in which the communication was received and to the same email address or account from which you sent your original communication. In addition, if you provide us with your email address or cell phone number, we may send you emails or text messages related to appointment reminders, surveys, or other general informational communications. For your convenience, these messages may be sent unencrypted. Before using or agreeing to use of any unsecure electronic communication to communicate with us, please note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks.



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Additionally, you should understand that use of email or other electronic communications is not intended to be a substitute for professional medical advice, diagnosis or treatment. Email communications should never be used in a medical emergency.

Right to Object or Opt-Out of Certain Uses and Disclosures

Emergency circumstances. If there is an emergency situation and you cannot be given the opportunity to agree or object, we may use or disclose your PHI if it is consistent with any prior expressed wishes and the use or disclosure is determined to be in your best interests; provided that you must be informed and given an opportunity to object to further uses or disclosures for patient directory purposes as soon as you are able to do so.

Families, friends, or others involved in your care. We may share with your family, your friends or others involved in your care information directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or your death. If you are present or available and you do not object to our sharing your PHI with them, or we reasonably believe that you would not object to such sharing, then we may share your PHI with these persons. If you are not present or available and certain circumstances indicate to us that it would be in your best interests to do so, then we may share information with a friend or family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription for you. We may tell your family or friends that you are in an Kamil Ear, Nose, and Throat facility and your general condition.

Disaster relief: In the event of a disaster, we may release your PHI to a public or private relief agency, for purposes of notifying your family and friends of your location, condition, or death. Whenever possible, we will provide you with an opportunity to agree or object.

Fundraising. We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information, or outcome information) to contact you for the purpose of raising money and you will have the right to opt out of receiving such communications with each solicitation. For example, you may receive a letter from us asking for a donation to support enhanced patient care, treatment, education, or research. If you have opted out, HIPAA prohibits us from making fundraising communication.

Uses and Disclosures that Require Authorization

We are only permitted to use and/or disclose your PHI as listed below if we obtain your written authorization. In addition, other uses and disclosures that are not described in this Notice may only be made with your authorization. If you provide us with an authorization, you may revoke your authorization at any time by submitting a request in writing to our Privacy Officer. Revocation does not apply to PHI that has already been used or disclosed with your permission. You can obtain an authorization form from us upon request.



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Psychotherapy Notes. Unless we obtain your written authorization, in most circumstances we will not disclose your psychotherapy notes. Some circumstances in which we will disclose your psychotherapy notes include the following: for your continued treatment; training of medical students and staff; to defend ourselves during litigation; if the law requires; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others; and to the coroner or medical examiner upon your death.

Marketing Health-Related Services. We will not use your health information for marketing purposes unless we have your written authorization to do so. We are required to obtain an authorization for marketing purposes if communication about a product or service is provided and we receive financial remuneration (getting paid in exchange for making the communication). No authorization is required if communication is made face-to-face or for promotional gifts.

Sale of PHI. We are not allowed to disclose PHI without an authorization if it constitutes remuneration (getting paid in exchange for the PHI). Any activity constituting a sale of your Protected Health Information will require your prior written authorization. "Sale of PHI" does not include disclosures for public health, certain research purposes, treatment, and payment, and for any other purpose permitted by HIPAA, where the only remuneration received is "a reasonable cost-based fee" to cover the cost to prepare and transmit the PHI for such purpose or a fee otherwise expressly permitted by law. Corporate transactions (*i.e.*, sale, transfer, merger, consolidation) are also excluded from the definition of "sale."

Your Rights

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI about you that we use or disclose. Your request must be in writing to the Privacy Officer at the address listed below. If you have paid in full for a service and have requested that we not share PHI related to that service with a health plan, we must agree to the request. For any other request to limit how we use or disclose your PHI, we will consider your request, but are not required to agree to the restriction. If we agree to your request for a restriction, we will comply with it unless the information is needed for emergency treatment.

Right to Request Alternative Method of Contact. You have the right to request that we communicate with you about confidential medical matters in a certain way or at a certain location. Your request must be in writing to the Privacy Officer at the address listed below. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request an alternative address for billing purposes.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" of your PHI of certain disclosures of your health information during the past six years. We will provide one accounting of disclosures a year at no charge, but will charge a reasonable, cost based fee if another accounting of disclosures is requested within 12 months. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer.



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Right to Access, Inspect, and Copy. You have the right to inspect and/or obtain a copy of PHI that may be used to make decisions about your care. This includes medical and billing records but does not include psychotherapy notes. Your request must be in writing to the Privacy Officer at the address listed below. If you request a copy of your PHI, we may charge you a reasonable fee to cover the costs associated with copying and mailing the information. If you request an electronic copy of your PHI that we maintain electronically, we will provide an electronic copy, and will do so in the electronic form or format you requested if the PHI is readily producible in that form or format. In certain very limited circumstances, we may deny your request to inspect and copy your health information. If you are denied access to your medical information, we will document our reasons in writing and explain any right to have the denial reviewed.

Right to Amend. If you feel that certain PHI that we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address listed below. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for our practice;
- is not part of the information that you would be permitted to inspect and copy; or
- is determined by us to be accurate and complete.

If your request for an amendment is denied, we will explain our reasons in writing. You have the right to submit a statement explaining why you disagree with our decision to deny your amendment request. We will share your statement when we disclose your PHI.

Paper or Electronic Copy. If you agreed to receive this Notice electronically, you have the right to obtain a paper copy of this Notice from us upon request.

Breach Notification Requirements. We are required by law to notify you following a breach of your unsecured PHI. We will give you written notice in the event we learn of any unauthorized use of your PHI that has not otherwise been properly secured as required by HIPAA. You will be notified of the situation and any steps you should take to protect yourself against harm due to the breach.

Changes to this Notice. We reserve the right to make any changes in our Notice, and the new terms of our Notice are effective for all PHI maintained, created and/or received by us before the date changes were made. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available in our office and on our website.

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



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complaint with the Privacy Office, contact our Privacy Officer at the address or phone number listed below. We will not retaliate against you if you file a complaint.



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If you have questions or would like further information about this Notice, please contact:

Patricia Prather, Practice Administrator and Privacy Officer
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Telephone No.: (301) 307-5050
Email: officemanager@kamilent.com