



Ear, Nose & Throat Institute of Michigan, PLLC

Notice of Health Information Practices

The Ear, Nose, & Throat Institute of Michigan, PLLC may use and disclose personal health information for treatment, payment, and healthcare operations. Examples of treatment include, but are not limited to, information sent to other physicians treating you, or to labs, x-ray facilities, hospitals, or to agencies providing therapy services. Examples for payment include insurance companies, coordination of benefits between payers, and collection agencies. Examples of healthcare operations include quality control audits. You are not required to consent to these uses of personal health information. However, if you refuse, we are not required to accept you as our patient.

We are permitted or required to disclose information without the patient's consent in certain circumstances. Examples include court orders and public health requirements.

The Ear, Nose & Throat Institute of Michigan, PLLC will not make any other use or disclosure of your health information without your written consent. You may revoke this consent at any time, but this must be in writing.

We may at times contact you to remind you of appointments or to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

The Ear, Nose & Throat Institute of Michigan, PLLC will abide by the terms of this notice or the updated notice effect at the time of any information disclosure. We reserve the right to update the terms of this notice and to make new notice provisions effective for all the personal health information that we maintain. We will provide each patient with a copy of any revisions of our Notice of Information Practices at the time of their next visit. We may send a copy of the revised Notice via mail if we need to release information in a way covered by revisions to the Notice. Copies may also be obtained at any time at our office.

Any person or patient may file a complaint about these practices to the Secretary of Health and Human services if they believe their privacy rights have been violated. They may also file a complaint with our Privacy Officer at Ear, Nose & Throat Institute of Michigan, PLLC, 14555 Levan Road, Suite 206, Livonia, MI 48154. All complaints will be addressed and results will be reported to the President of the practice and to the Compliance Committee. It is our policy that no retaliatory action will be taken against someone submitting a complaint.

Acknowledgment and Consent

I acknowledge that I have been made aware of the Notice of Privacy Practices for the Ear, Nose and Throat Institute of Michigan, PLLC. I hereby consent to the release of confidential information maintained about me by the Ear, Nose & Throat Institute of MI, PLLC to third parties for the purposes of treatment, obtaining payment, or for healthcare operations. I also consent to release of personal health information for other purposes specified by the Health Insurance Portability and Accountability Act of 1966 (HIPPA). I also understand that I may request to read the Ear, Nose & Throat Institute of MI, PLLC Notice of Information Practices in its entirety.

Signature of Patient (or patient's personal representative)

Date

Personal representative information (if applicable):

Name of personal representative

Date

Relationship to patient

Signature of staff