

**PRIVACY POLICY STATEMENT**  
**Pacific ENT Medical Group, Inc.**  
**6010 Hidden Valley Road, Ste 210**  
**Carlsbad, CA 92011**

**Privacy Officer: Jennifer Putman**  
**858 755-9343**

**Purpose:** The following privacy policy is adopted to ensure that Pacific ENT Medical Group, Inc. complies fully with all federal and state privacy protection laws and regulations. Protection of patient privacy is of paramount importance to this medical practice. Violations of any of these provisions will result in severe disciplinary action including termination of employment and possible referral for criminal prosecution.

**Effective Date:** This Policy is in effect as of 11/1/2018

**Expiration Date:** This Policy remains in effect until superseded or cancelled.

**Privacy Official**

It is the policy of this medical practice that a specific individual or individuals within our workforce are assigned the responsibility of implementing and maintaining the privacy policies and procedures of this medical practice in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rule requirements and California law. Furthermore, it is the policy of this medical practice that these individuals will be provided sufficient resources and authority to fulfill their responsibilities. At a minimum, this medical practice will designate one individual the Privacy Official and that individual or his/her designee shall be the contact person to handle all questions, concerns or complaints regarding the privacy and security of protected health information.

**Uses and Disclosures of Protected Health Information**

This medical practice shall only use or disclose protected health information as required or permitted by our Notice of Privacy Practices, HIPAA and California law and the individual who is the subject of the information has received our Notice of Privacy Practices and acknowledged receipt of the Notice.

This medical practice may use protected health information it obtains or creates for the proper management and administration of this medical practice or to carry out its legal responsibilities as permitted or required by the law.

**Notice of Privacy Practices**

It is the policy of this medical practice that we will adopt, maintain and comply with our Notice of Privacy Practices, which shall be consistent with HIPAA and California law.

It is the policy of this medical practice that a Notice of Privacy Practices must be published, which describes in sufficient detail this medical practice's privacy practices. This notice must be provided to all subject individuals at the first patient encounter if possible, and good faith efforts made to obtain a written acknowledgement of receipt, and that all uses and disclosures of protected health information be done in accordance with this medical practice's Notice of Privacy Practices. The most

current Notice of Privacy Practices will be posted in our "waiting room" area and copies will be available for distribution at our reception desk.

It is the policy of this medical practice to prominently post the Notice of Privacy Practices on our website.

This medical practice's Notice of Privacy Practices will be revised whenever there are material changes to our privacy policy or practices including changes in law.

### **Restriction Requests**

It is the policy of this medical practice that consideration must be given to all requests for restrictions on uses and disclosures of protected health information as published in this medical practice's Notice of Privacy Practices. It is the policy of this medical practice that if a particular restriction is agreed to, then this medical practice will document the restriction in writing and abide by that restriction unless the use or disclosure is necessary to provide emergency treatment. To the extent restricted information is disclosed for emergency treatment, this medical practice must request that the information is not further used or disclosed.

Additionally, it is the policy of this medical practice that any request by a patient or their personal representative for a restriction on disclosure of protected health information to a health plan (to whom the patient is a subscriber or plan member) will be honored if the patient pays out-of-pocket and in full for the services rendered, and where the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law. Such requests may be rescinded for failure to make or maintain payment for services.

### **Workforce Access to Protected Health Information**

It is the policy of this medical practice that access to protected health information must be granted to each employee or contractor based on the assigned job functions of the employee or contractor. It is also the policy of this medical practice that such access privileges should not exceed those necessary to accomplish the assigned job function.

### **Access to Protected Health Information by the Individual**

It is the policy of this medical practice that access to protected health information must be granted to the person who is the subject of such information upon request. Individuals must be permitted to inspect their records during business hours within five (5) working days after receipt of the request and upon payment of reasonable clerical costs incurred in locating and making the records available. If an individual requests copies of their records, this medical practice must transmit the copies within fifteen (15) days after receipt of the written request. Access may be granted as either physical or electronic copies or inspection based upon the preference of the patient.

For protected health information that is maintained electronically, it is the policy of this medical practice to provide electronic copies of the protected health information in the form and format requested by the patient if it is readily reproducible and if not in a mutually agreeable form and format, or in paper form if a mutually agreeable form and format is not available. Electronic copies will be provided to third parties at the patient's specific direction where such request is in writing. It is the policy of this medical practice to inform the person requesting access, of the location of protected health information if we do not physically possess such protected health information but have knowledge of its location.

All requests will be reviewed to determine that access does not create endangerment or is contrary to HIPAA or California law.

This medical practice will charge a reasonable cost based fee to the patient for paper or electronic copies; where applicable this cost based fee may include the cost of skilled labor to assemble and create an electronic copy and/or the cost of media requested by the patient for the copy

### **Amendment of Incomplete or Incorrect Protected Health Information**

It is the policy of this medical practice that all requests for amendment of incorrect protected health information maintained by this medical practice will be considered in a timely fashion. If such requests demonstrate that the information is actually incorrect, this medical practice will allow amending language to be added to the appropriate document and this addition will be done in a timely fashion. This medical practice will make reasonable efforts to give notice of such corrections to any organization with which the incorrect information has been shared. This medical practice will deny amendment requests where the protected health information is accurate and complete, has not been created by this practice, or if this practice does not have the information. This medical practice will provide the patient with written notice of the denial with information about the denial, and how the patient can disagree with the denial, including contact information to file complaints to this practice and to U.S. Department of Health and Human Services (HHS). In cases of denial, the patient will be allowed the opportunity to provide a written statement with respect to any item or statement the patient believes to be incomplete or incorrect. These statements are limited to 250 words per incomplete or incorrect item. Such a statement must be attached to the patient's record and included with each disclosure of the contested portion of the patient's records.

### **Integrity of Protected Health Information**

It is the policy of this medical practice to protect and preserve the integrity of protected health information. Erroneous information or entries will be corrected in a manner that indicates the error, date in which it was corrected, and the identity of the person making the correction. No person may change, remove or strike through protected health information related to treatment or diagnosis without the proper documentation of the change.

This medical practice will ensure that the electronic health record system automatically records and preserves any change or deletion of any electronically stored medical information and record the identity of the person who accessed and/or changed the patient's record, the date and time it was accessed, and the change that was made to the information.

### **Access by Personal Representatives**

It is the policy of this medical practice that access to protected health information must be granted to personal representatives of individuals as though they were the individuals themselves, except in cases where granting access to the personal representative would be detrimental to the individual or to a third-party.

### **Access to Minor's Records**

It is the policy of this medical practice that access to protected health information of minors will be granted to the minor's parent or legal guardian, except in cases where the records related to treatment in which the minor is legally authorized to consent or where granting access to the parent or legal guardian would be detrimental to the minor.

## **Confidential Communications Channels**

It is the policy of this medical practice to provide patients with the right to request communications of protected health information in a specific way or at a specific location. This practice will comply with all reasonable requests for confidential communications channels requested by the individuals, to the extent possible.

## **Disclosure Accounting**

It is the policy of this medical practice that an accounting of all disclosures of protected health information be provided to individuals upon request pursuant to 45 C.F.R. §164.528. Such accounting of disclosures of protected health information will be maintained for at least six (6) years after the disclosure was made.

## **Communicating with a Patient's Family, Friends or Others**

It is the policy of this medical practice that a patient may grant limited access to their medical information to a family member, other relative, domestic partner, personal friend or any other person identified by the patient who is not the legal personal representative of patient based upon written, verbal or implied permission by the patient and this medical practice is unaware of any expressed preference to the contrary. Such disclosures must be limited to medical information that is directly relevant to that person's involvement with the patient's care or payment related to the patient's health care. Any permission shall be documented and periodically confirmed with the patient.

It is the policy this medical practice to provide a family member, other relative, domestic partner, personal friend of a deceased patient, or any other person previously identified by the deceased patient, limited access to protected health information under the same circumstances that disclosures of this information would have been made when the patient was alive. Such disclosures must be limited to medical information that is directly relevant to that person's involvement with the patient's care or payment related to the patient's health care and this medical practice is unaware of any expressed preference to the contrary.

## **Immunizations**

It is the policy of this medical practice to provide immunization data to a patient's school where such data is required for admission and where the patient or their personal representative has provided an informal request for such release such as a verbal request. This medical practice will document in the medical record the date and time of such informal requests. Immunization data will be disclosed in a secure manner.

## **Deceased Individuals**

It is the policy of this medical practice that privacy protections extend to information concerning deceased individuals including protection of a decedent's protected health information for fifty (50) years after the date of their death.

## **Minimum Necessary Use and Disclosure of Protected Health Information**

It is the policy of this medical practice that for all routine and recurring uses and disclosures of PHI (except for uses or disclosures made (1) for treatment purposes, (2) to the individual who is the subject of the information, (3) pursuant to the patient's written authorization, (4) as required by law, (5) for HIPAA investigations and compliance purposes) the uses and disclosure of protected health information must be limited to the minimum amount of information needed to accomplish the

purpose of the use or disclosure. Non-routine uses and disclosures will be handled pursuant to established criteria. All requests for protected health information (except as specified above) must be limited to the minimum amount of information needed to accomplish the purpose of the request.

### **Verification of Identity**

It is the policy of this medical practice that the identity and authority of all persons who request access to protected health information be reasonably verified before such access is granted.

### **Marketing Activities**

It is the policy of this medical practice that any uses or disclosures of protected health information for marketing activities will be done only after a valid authorization is in effect. Marketing is defined as any communication about a product or service intended to induce or encourage the purchase or use of a product or service where this medical practice receives financial remuneration in exchange for making the communication. Marketing does not include communications that are made for (1) case management or care coordination or to direct or recommend alternative treatments, therapies, health care providers or settings of care; (2) the use of products and services in treatment, (3) or a face-to-face communication made by us to the patient, or a promotional gift of nominal value given to the patient to be marketing, unless direct or indirect remuneration is received from a third party and the communication is not to a health plan enrollee concerning: (1) a provider's participation in the health plan's network, (2) the extent of covered benefits, or (3) the availability of more costeffective pharmaceuticals.

This medical practice may make remunerated communications tailored to individual patients with chronic and seriously debilitating or life-threatening conditions for the purpose of educating or advising them about treatment options or maintaining adherence to a prescribed course of treatment, without a signed patient authorization. If we do so, we will disclose in at least 14-point type the fact that the communication is remunerated, the name of the party remunerating us, and the fact the patient may opt-out of future remunerated communications by calling a toll-free number. This medical practice will stop any further remunerated communications within 30 days of receiving an opt-out request.

### **Authorizations**

It is the policy of this medical practice that a valid authorization will be obtained for all disclosures that are not required or permitted under the CMIA and HIPAA.

### **Mental Health Records**

It is the policy of this medical practice to require a specific authorization for any use or disclosure of psychotherapy notes, as defined in the HIPAA regulations, except for treatment, payment or health care operations as follows: (1) use by originator for treatment; (2) use for training physicians or other mental health professionals as authorized by the regulations; (3) use or disclosure in defense of a legal action brought by the individual whose records are in issue; (4) use or disclosures as required by law, to HHS in conjunction with HIPAA enforcement, or as authorized by law to enable health oversight agencies concerning the originator of the psychotherapy notes; (5) use or disclosure to the coroner or medical examiner; or (6) use or disclosure necessary to comply with obligations to make Tarasoff warnings.

## **Complaints**

It is the policy of this medical practice that all complaints relating to the protection of health information be investigated and resolved in a timely fashion. Furthermore, it is the policy that all complaints will be addressed to [name or job title of person authorized to handle complaints (i.e., Privacy Official)] who is duly authorized to investigate complaints and implement resolutions if the complaint stems from a valid area of non-compliance with the HIPAA Privacy and Security Rule.

## **Prohibited Activities-No Retaliation or Intimidation**

It is the policy of this medical practice that no employee or contractor may engage in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA regulations. It is also the policy of this medical practice that no employee or contractor may condition treatment, payment, enrollment or eligibility for benefits on the provision of an authorization to disclose protected health information except as expressly authorized under the regulations.

## **Responsibility**

It is the policy of this medical practice that the responsibility for designing and implementing procedures to implement this policy lies with the Privacy Official.

## **Mitigation**

It is the policy of this medical practice that the effects of any unauthorized use or disclosure of protected health information be mitigated to the extent possible.

## **Safeguards**

It is the policy of this medical practice that appropriate physical safeguards will be in place to reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Rule. These safeguards will include physical protection of premises and PHI, technical protection of PHI maintained electronically and administrative protection. These safeguards will extend to the oral communication of PHI. These safeguards will extend to PHI that is removed from this organization.

## **Social Media**

It is the policy of this medical practice to maintain appropriate restrictions and guidance related to the use of social media and disclosure of PHI.

## **Business Associates**

It is the policy of this medical practice that business associates must be contractually bound to protect health information to the same degree as set forth in this policy. It is also the policy of this medical practice that business associates who violate their agreement will be dealt with first by an attempt to correct the problem, and if that fails by termination of the agreement and discontinuation of services by the business associate. Business associate agreements must provide sufficient protection and communication in the event of a breach of unsecured protected health information, and agreements must contain sufficient language regarding the business associate's agents and subcontractors similar protections.

## **Training and Awareness**

It is the policy of this medical practice that all members of our workforce have been trained on the policies and procedures governing protected health information and how this medical practice complies with the HIPAA Privacy and Security Rules. It is also the policy of this medical practice that new members of our workforce receive training on these matters within a reasonable time after they have joined the workforce.

It is the policy of this medical practice to provide training should any policy or procedure related to the HIPAA Privacy and Security Rule materially change. This training will be provided within a reasonable time after they have joined the workforce.

Furthermore, it is the policy of this medical practice that training will be documented indicating participants, date and subject matter.

## **Material Change**

It is the policy of this medical practice that the term "material change" for the purposes of these policies is any change in our HIPAA compliance activities.

## **Sanctions**

It is the policy of this medical practice that sanctions will be in effect for any member of the workforce who intentionally or unintentionally violates any of these policies or any procedures related to the fulfillment of these policies. Such sanctions will be recorded in the individual's personnel file.

## **Retention of Documentation**

It is the policy of this medical practice that the HIPAA Privacy Rule document retention requirement of six (6) years will be strictly adhered to. All documentation designated by HIPAA in this retention requirement will be maintained in a manner that allows for access within a reasonable period of time. This documentation retention time requirement may be extended at this medical practice's discretion to meet with other governmental regulations or those requirements imposed by our professional liability carrier.

## **Regulatory Currency**

It is the policy of this medical practice to remain current in our compliance program with HIPAA regulations.

## **Cooperation with Privacy Oversight Authorities**

It is the policy of this medical practice that oversight agencies, including but not limited to, the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of health information within this organization. It is also the policy of this medical practice that all personnel must cooperate fully with all privacy compliance reviews and investigations.

## **Investigation and Enforcement**

It is the policy of this medical practice that in addition to cooperation with federal or State authorities, this medical practice will follow procedures to ensure that investigations are supported internally and that members of our workforce will not be retaliated against for cooperation with any

authority. It is our policy to attempt to resolve all investigations and avoid any penalty phase if at all possible.