



NOTICE OF PRIVACY PRACTICES

Eastern Carolina ENT – Head & Neck Surgery, Inc. complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability or sex.

It has always been the policy of Eastern Carolina ENT – Head & Neck Surgery to protect the privacy/confidentiality of every patient. The protection of patient information is not only a requirement under applicable laws, but it is also an ethical and clinical obligation of every physician and employee of EC – ENT. The practice will comply with all federal and state laws related to the privacy and security of patient information.

A recent federal law requires medical practices, and other covered entities, to provide patients with a written NOTICE OF PRIVACY PRACTICES that outlines how protected health information we maintain may be used or disclosed to others. We are required to abide by the terms of the current Notice; however, we reserve the right to change privacy practices when we deem it necessary. A copy of the current Notice is available to you upon request, and also it appears on our website: www.easterncarolinaent.com.

COLLECTION OF PERSONAL INFORMATION

Information collected directly from you: We may collect personal information directly from you, for example through a web form, during an online or in-person registration while setting up an account with us, when you contact us for customer support. Personal information we collect directly from you may include first and last name, address, email address, and phone number. Information collected from your device: Our website may use tracking technologies such as cookies, web beacons, pixels, and other similar technologies to automatically collect certain information from your device, including for example your IP address, browser and operating system information, geographic location, referring website address, and other information about how you interact with the website. We prioritize customer data security by implementing advanced encryption methods, conducting regular security audits, and adhering to strict compliance standards.

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 consent, EC – ENT is permitted by federal law to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include demographics, documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Example of uses of your health information for treatment purposes are:

It is essential that EC – ENT physicians and staff who are involved in your care have the necessary information to diagnose, treat and provide health care services to you. We may use and disclose protected health information to provide, coordinate or manage your health care and related services. We may disclose your health information to other physicians involved in your care, as well as hospitals, laboratories, diagnostic centers, home health agencies or other health care providers that may be involved in your care.

Examples of uses of your health information for payment purposes are:

Your protected health information may be used to file health insurance claims and billing statements for health care services provided to you, to check insurance eligibility and coordination of benefits, to obtain authorizations for services, or to collect unpaid accounts as needed to obtain payment for your health care services.

Examples for uses of your information for health care operations are:

We obtain services from insurers or other business associates, such as quality assessment, quality improvement, outcome evaluation, case management and care coordination, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance. We will share information about you with such insurers and other business associates as necessary to obtain these services.

We may use or disclose protected health information to send appointment reminders or to reschedule appointments (such as voicemail messages, postcards or letters), to phone in prescriptions to your pharmacist and to train employees and medical students.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Whenever protected health information is provided to certain business associates—such as billing services, medical record transcription services, computer vendors, business consultants, collection agencies, etc.—we are required to obtain contractual assurances that the business associate will take appropriate steps to protect your health care information. We do not, however, have direct control over business associates beyond these contractual assurances.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken action indicated in the authorization. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Communication with Family: Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object, or in an emergency. In an emergency situation, if your physician is unable to obtain your consent, they may still use or disclose your protected health information to treat you.

Research - We may disclose information to researchers when their research has been approved by an institutional review board, which has reviewed the research proposal, and established protocols to ensure the privacy of your protected health information.

Disaster Relief - We may use and disclose your protected health information to assist in disaster relief efforts.

Funeral Directors or Coroners - We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations - Consistent with applicable law, we may disclose your protected health information to organ procurement organizations, or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing - We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Fund-Raising - We may contact you as a part of a fund-raising effort.

Food and Drug Administration (FDA) - If you are seeking compensation through Workers' Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers' Compensation.

Public Health - As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Abuse & Neglect - We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutes - If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement - We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight - Federal law allows us to release your protected health information to appropriate health oversight agencies, or for health oversight activities.

Judicial/Administrative Proceedings - We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Serious Threat to Health or Safety - To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions - We may disclose your protected health information for specialized government functions authorized by law, such as to Armed Forces personnel, for national security purposes or to public assistance program personnel.

Email and Text Communications - If you wish to stop receiving text messages from us, reply STOP, QUIT, CANCEL OPT OUT, or UNSUBSCRIBE to any text message sent from us. SMS opt-in and Phone Numbers for the purpose of SMS will not be shared with third parties and affiliates for marketing purposes. We do not sell or share any SMS consent or personal information to third parties or affiliates for SMS marketing Purposes.

Terms and Conditions

1. Introduction

Welcome to Eastern Carolina ENT Head & Neck Surgery. By accessing or using our services, including receiving SMS communications, you agree to comply with and be bound by these Terms and Conditions. If you do not agree with these terms, please do not engage with our services.

2. Consent for SMS Communication

By providing your consent to receive SMS communications, you acknowledge and agree to receive text messages from Eastern Carolina ENT Head & Neck Surgery at the phone number you provide. Information obtained as part of the SMS consent process will not be shared with third parties.

3. Types of SMS Communications

If you have consented to receive text messages, you may receive SMS communications related to the following:

- Customers and Guests: Updates regarding your orders, deliveries, or other relevant information.
- Job Applicants: Information about your application status, onboarding materials, or other employment-related updates.

4. Standard Messaging Disclosures

- Message Frequency: Frequency of messages may vary depending on your interactions with us.
- Standard messaging rates will be charged by your mobile service provider.
- You can opt-out of receiving SMS messages at any time by texting "STOP" to the number from which you received the message.

For assistance, text "HELP" to any text message or contact us directly at 252-752-5227, you can email us at kbryant@easterncarolinaent.com or visit our Privacy Policy www.easterncarolinaent.com/privacy-policy

Other Uses - Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law, or with your written authorization. You may revoke the authorization as previously provided.

Website - We maintain a website that provides information about our entity. This Notice of Privacy Practices is available on our website: www.easterncarolinaent.com

Effective Date: April 14, 2003

Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights. The health and billing records we maintain are the physical property of EC – ENT. The information in it, however, belongs to you.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. EC-ENT is not required to agree to a restriction that you may request. We will consider your request to determine if there are reasonable ways to meet your needs or concerns. You may be asked to make special payment arrangements if requesting restrictions on release of information for payment purposes, such as filing insurance claims. If EC – ENT does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may request a restriction by sending a certified letter explaining your request and to whom you want the restriction to apply to our privacy officer.

You may obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request at our office.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set, for as long as the protected health information is maintained in the designated record set. Under federal law, the right to request access does not apply to psychotherapy notes, protected health information compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding and certain types of protected health information that is subject to law that prohibits access to protected health information. You may exercise this right by delivering the request in writing to our office, using the form we provide to you upon request. We will respond to your request within 30 days, if such information is maintained on site or is accessible on site. If such information is offsite, we will respond to your request within 60 days. We may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

You have the right to appeal a denial of access to your protected health information, except in certain circumstances.

You may request that your health care record be amended to correct incomplete or incorrect information by a written request and providing a reason to support the request. The physician may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement and require that the request for amendment and any denial be attached to all future disclosures of your protected health information.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information, by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, operations, disclosures made to you or made at your request, disclosures made to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You may request the right to receive communications about your records in a confidential manner by alternative means, or at an alternative location by delivering this request in writing.

You may revoke authorizations that you made previously to use or disclose information, except to the extent information or action has already been taken by delivering a written request to our office.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

If you want to exercise any of the above rights, please contact our privacy officer in person or in writing, during normal working hours. They will provide you with assistance on the steps to take to exercise your right.

Our Responsibilities

The Office is Required to:

Maintain the privacy of your health information as required by law.

Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you.

Abide by the terms of this Notice.

Notify you if we cannot accommodate a requested restriction or request.

Accommodate your reasonable requests regarding methods to communicate health information with you.

To Request Information or File a Complaint:

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our privacy officer.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the privacy officer. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services. Contact us for the address of the Department of Health and Human Services.

We cannot and will not retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Contact Our Office

Contact Official: Marcus S. Albernaz, M.D.
Phone: 252-752-5227
Fax: 252-752-1191
Address: Eastern Carolina ENT - Head & Neck Surgery
PA 850 Johns Hopkins Drive
Greenville, NC 27834

This Notice was published and becomes effective on April 14, 2003.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 252-752-5227.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 252-752-5227。