

# Western Carolina Ear, Nose, and Throat Specialists

## Summary of Privacy Practices

As the patient of Western Carolina Ear, Nose, and Throat Specialists, we want to inform you of an important protection for patient privacy that is effective as of September 23, 2013. The Health Insurance Portability and Accountability Act of 1996 permits the Federal government to give practices, such as ours, specific rules about the storage and transmission of Personal Health Care Information (PHI). The Privacy Rule portion of the act tells us how to use “individually identifiable health information” (PHI) about patients within our practice and how to disclose it outside our practice.

HIPAA requires that we adopt a Notice of Privacy Practices and provide you a copy. This notice is a very detailed and in some ways a complicated document so to make it easier for you to understand we have summarized the patient rights that are detailed in the referenced Western Carolina Ear, Nose, and Throat Specialists Notice of Privacy Practices:

- Patients have the right to receive copies of our notice of privacy practices
- Patients can give permission to the practice to use or disclose PHI for certain purposes and for psychotherapy notes
- Patients can ask for restrictions on search and uses and disclosures of PHI
- Patients can ask for restrictions on the way in which we communicate PHI to them
- Patients can ask us to change the PHI that is contained their medical records
- Patients can ask to inspect and copying PHI
- Patients can ask for a list of disclosures of PH I made by the practice
- Patients have the right to complain to our practice and to the Department of Health and Human Services about alleged violations of privacy practices

We fully support HIPAA and the Privacy Rule. As our patient, we ask you to sign the following receipt of acknowledgement of our notice of privacy practices and we will be glad to provide you with a personal copy of the complete notice if you would like to have it for your records.

Receipt and Acknowledgement of Notice of Privacy Practices

I, \_\_\_\_\_, have received a copy of Western Carolina  
Ear, Nose, and Throat Specialists Notice of Privacy Practices.

\_\_\_\_\_

Signature of patient

\_\_\_\_\_

Date

*WCENTS form; effective date 11-24-2018*