

## **IMPORTANT PRIVACY POLICY NOTICE**

At Spokane Ear, Nose & Throat Clinic, we value you as a patient and share your concerns about privacy. To help you understand how we treat your personal information that we obtain from you or other sources in the course of providing you with services, this abbreviated notice describes our use and protection of that information. For a copy of the complete text of this notice, please refer to the end of this page for contact information.

### **The Law requires us to:**

1. keep your medical information private.
2. give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.

### **We have the Right to:**

1. change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

### **Notice of Change to Privacy Practices:**

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### **USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

We are permitted to use and disclose your medical information without needing your authorization for three purposes:

1. **Treatment**
2. **Payment**
3. **Health Care Operations**

And some very limited specific circumstances detailed in the complete text of this notice.

### **YOUR INDIVIDUAL RIGHTS**

You have the right to:

1. look at or request copies of your medical information.
2. request that we place additional restrictions on our use or disclosure of your medical information.
3. request that we communicate with you about your medical information by different means or to different locations.
4. request that we make changes to your medical information.
5. obtain a copy of this notice for your records.

### **QUESTIONS AND COMPLAINTS**

If you have questions about this notice or want to receive a copy of the complete text, please contact, in writing:

Spokane Ear, Nose & Throat Clinic  
HIPAA Compliance Officer  
217 W Cataldo  
Spokane WA 99201

If you think we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

**ACKNOWLEDGEMENT FORM**

I acknowledge I have been given the opportunity to review the Notice of Privacy Practices for Spokane Ear, Nose and Throat Clinic and Columbia Hearing Centers.

Print Name of Patient: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Patient or Parent / Guardian

Print Name \_\_\_\_\_  
If Parent or Guardian

**For Office Use Only Below This Line**



Responsible party refused to sign.

\_\_\_\_\_  
Signature of SENT/Columbia Hearing Centers Employee

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Date