



LOS ANGELES CENTER FOR
EAR, NOSE, THROAT AND ALLERGY

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NOTICE OF PRIVACY PRACTICES

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.

Updated as of 2/1/2025

The Health Insurance Portability & Accountability Act of 1999, as amended (HIPAA) is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are properly maintained as confidential. This Act gives you, the patient, the right to understand and control how your protected health information (PHI) is used. HIPAA provides penalties to covered entities that misuses personal health information.

What is this Notice and Why Is It Important? Los Angeles Ear, Nose Throat and Allergy (LACENTA) is required by law to maintain the privacy of your identifiable medical and other health information ("health information"), to provide you with notice of our legal duties and privacy practices with respect to your health information, and to notify you in the event of a breach of your unsecured health information. This Notice describes your rights and our obligations for using and disclosing your health information and informs you about laws that provide special practices for your health information. LACENTA must follow the terms of this Notice when using or disclosing your health information.

We may use and disclose your health information for the following purposes:

- **Treatment.** We may use and disclose your health information to provide you with medical treatment and services. This includes: providing, coordinating, or managing your health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.
- **Payment.** We may use and disclose health information about you so that the treatment you receive may be billed to you and payment collected from you, an insurance company or a 3rd party. This includes: activities such as obtaining reimbursement for services, confirming coverage, billing or collective activities and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.
- **Health Care Operations.** We may use and disclose health information about you for health care operations. The uses and disclosures are necessary to ensure that you receive quality care. This includes: business aspects of running our practice, such as conducting quality assessments, improving activities, auditing functions, cost management analysis, and customer service. An example of this would be providing new patient survey cards to evaluate our performance in caring for you.



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- **Individuals Involved in Your Care or Payment for Your Care.** Under appropriate circumstances, including emergencies, we may disclose your health information to a family member, other relative, a friend, or any other person identified by you who is involved in your health care or payment for your health care. We may also need to notify such persons of your general condition. If you object to such disclosures, please notify us. If you are not present or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative, or friend, we will disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care.
- **Business Associates.** We may contract with third parties to perform certain services for us, such as billing, consulting or other services. These third party service providers, referred to as Business Associates, may need to access your health information to perform for us. They are required by contract and by law to protect your health information to only use and disclose it as necessary to perform services for us.
- **As Required by Law.** LACENTA may also be required to disclose your health information as required by law and shall do our best to assure its continued confidentiality; to the extent possible.
 - **Note on other Restrictions:** California law may impose more strict requirements on how we use and disclose certain types of health information than HIPAA. To the extent that there are more strict requirements or restrictions, we will only use and disclose your health information as permitted by those stricter requirements.

Uses and Disclosures Requiring Your Written Authorization For any purposes other than those described in this Notice. We may use or disclose your health information only when you give us permission to do so by written authorization. LACENTA has developed an Authorization to Use and Disclose Personal Health Information form for this purpose. If you sign an authorization to disclose information, except to the extent we have already relied on it, you can revoke that authorization at a later time or stop any future use and disclosure of your health information. If you wish to revoke a prior authorization, you must submit your request in writing to the Medical Records department at medicalrecords@ent.com.

Your Rights Regarding Your Health Information Right to Request Access to Your health Information: You have the right to inspect and maintain a copy of the patient records we maintain to make decisions about your treatment and care. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records.

Right to Request Additional Restrictions on the Use of Your Health Information: You may request that we restrict the use or disclosure of your health information. All requests for such additional restrictions must be made in writing. While we will consider a request for additional restrictions carefully, we are not required to agree to a requested restriction, except for requests to restrict disclosure of information to a health plan in cases where you have paid for the service out of pocket in full, unless the disclosure is required by law or is determined to be for treatment purposes.

Right to Request How Information is Provided to You. You may submit a written request, and we will try to accommodate any reasonable written request for you to receive health information by alternative means of communication or at a different address or location.



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Right to Request Amendments to Your Health Information. You have the right to request that we amend your health information maintained in your medical record file or billing records. If you wish to amend your records, please make such a request in writing. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply. We may deny your request but will provide you with a written explanation if we do so, and you may appeal to us in writing.

If we deny your request to amend your record, a copy of your request may be added to your record if you direct us to file it.

Right to An Accounting of Disclosures of Your Health Information. Upon written request, you may obtain a list (an accounting) of disclosures of health information made by us, provided: (a) Such a period does not exceed six (6) years; and (b) disclosures made for treatment, payment, health care operations, and certain other purposes will not be included. If you request an accounting more than once during a one (1) year period, we may charge you a reasonable fee. We will notify you of the cost involved in advance; you may choose to withdraw your request at that time before any such costs are incurred.

Right to be Notified of Breach. You have the right to be notified by us if we discover a breach of your protected health information.

Right to a Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all health information that we hold, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the revised Notice in our practice areas and on our website at www.laent.com.

Right to Further Information; Complaints. If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to health information, you may contact our Compliance Office via email at compliance@laent.com or via phone at 323-306-9632 ext. 4459. You may also file a formal written complaint with the Secretary of the U.S. Department of Health and Human Services; Office for Civil Rights (OCR). We will not retaliate or take action against you if you file a complaint with us with OCR.

Feel free to contact the LACENTA's Compliance Office (compliance@laent.com or via phone at 323-306-9632 ext. 4459) for more information.