

**Ear, Nose and Throat Associates, P.C. (ENTA)**  
**ENT Realty dba The Surgery Center (TSC)**  
**The Hearing Center (THC)**

**Summary of**  
**HIPAA NOTICE OF PRIVACY PRACTICES**  
**Effective Date:** April 14, 2003      **Revised Date:** June 27, 2025

**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.**

A full version of this Privacy Notice is available to you at any of our offices.

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") we are required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information.

We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of our notice at any time and to make the new notice provisions effective for all protected health information that we maintain. In the event that we make a material revision to the terms of our notice, you will receive a revised notice within 60-days of such revision. If you should have any questions or require further information, please contact our Privacy Officer at (260) 426-8117.

**How We May Use or Disclose Your Health Information**

The following describes the purposes for which we are permitted or required by law to use or disclose your health information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time.

- **Treatment:** We may use or disclose your health information to provide you with medical treatment or services. For example, information obtained by a provider providing health care services to you will record such information in your record that is related to your treatment.
- **Payment:** We may use or disclose your health information in order to process claims or make payment for covered services you receive under your benefit plan. For example, your provider may submit a claim to us for payment.
- **Health Care Operations:** We may use or disclose your health information for health care operations. Health care operations include, but not limited to, quality assessment and improvement activities, underwriting, premium rating, management and general administrative activities. For example, members of our quality improvement team may use information in your health record to assess the quality of care that you receive and determine how to continually improve the quality and effectiveness of the services we provide.
- **Business Associates:** There may be instances where services are provided to our organization through contracts with third party "business associates". Whenever a business associate arrangement involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that we require of our own employees and affiliates.
- **Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.
- **Communication with Family or Friends:** Our service professionals, using their best judgment, 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 payment related to your care. E-mail (unsecured) communications may be initiated by your request, in writing, for communications via unsecured e-mail. Privacy and security of unsecured email is not the responsibility of ENTA/TSC/THC.
- **Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose health information to a coroner or medical examiner. We may also disclose medical information to funeral directors consistent with applicable law to carry out their duties.
- **Organ Procurement Organizations:** Consistent with applicable law, we may disclose 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.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- **Workers' Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Marketing:** For marketing activities the patient's authorization may or may not be needed. Examples of when a authorization for marketing is not required would be ENTA/TSC/THC communicating with you about a service or product we offer that may benefit you. An example of when ENT would need your authorization would be for a communication that is sent to an individual describing a product or service offered by an entity other than our medical practice like a pharmaceutical company, retail pharmacy, health clubs, and suppliers of unrelated medical services such as durable medical equipment that ENTA/TSC/THC might receive remuneration for the communication. ENTA/TSC/THC will always respect your rights under our Marketing policy.
- **Fundraising:** If ENTA/TSC/THC participates in fundraising activities, on your first notification of the event, (and in this notice) ENT will give you the opportunity to "opt out" from receiving further communications for fund raising.
- **To Avert a Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- **Military and Veterans:** If you are a member of the armed forces, we may disclose health information about you as required by military command.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure.
- **Protective Services for the President, National Security and Intelligence Activities:** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.
- **Law Enforcement:** We may disclose health information when requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders; in emergency circumstances; or when required to do so by law.
- **Inmates:** We may disclose health information about an inmate of a correctional institution or under the custody of a law enforcement official to the correctional institution or law enforcement official.
- **Messages:** ENT may send appointment reminders, emergency messages, collection calls, prescription reminders and other information about the practice that may interest you, by voicemail, e-mail or text messaging.
- **Sale of PHI:** ENT/TSC/THC may not sell your protected health information without your authorization except in the sale or acquisition of our practice.
- **Authorizations:** There are many times that an authorization from you is required for various uses and disclosures but in the following an authorization is always required: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes where we receive remuneration; and (3) disclosures which constitutes the sale of PHI.

### **Your Rights Regarding Your Health Information**

The following describes your rights regarding the health information we maintain about you. To exercise your rights, you must submit your request in writing to our Privacy Officer at 10021 Dupont Circle Ct., Fort Wayne, IN 46825

**Right to Request Restrictions.** You have the right to request that we restrict uses or disclosures of your health information to carry out treatment, payment, health care operations, or communications with family or friends. You have the right to restrict ENT/TSC/THC from billing your insurance carrier for a service you pay for out-of-pocket. We are not required to agree to a restriction.

**Right to Receive Confidential Communications.** You have the right to request that we send communications that contain your health information by alternative means or to alternative locations. We must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.

**Right to Inspect and Copy.** You have the right to inspect and copy health information that we maintain about you. If copies are requested or you agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor and supply cost of copying; postage; and preparation cost of an explanation or summary, if such is requested. We may deny your request to inspect and copy in certain circumstances as defined by law. If you are denied access to your health information, you may request that the denial be reviewed. You have the right to request your access in electronic format with only the cost of the media used to download your PHI. ENT has 30 days to comply with your request and if additional time is required we will notify you with a request for an additional 30 days.

**Right to Amend.** You have the right to have us amend your health information for as long as we maintain such information. Your written request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete.

**Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your health information made by us in the six years prior to the date the accounting is requested (or shorter period as requested). This does not include disclosures made to carry out treatment, payment and health care operations; disclosures made to you; communications with family and friends; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or disclosures made prior to the HIPAA compliance date of April 14, 2003. Your first request for accounting in any 12-month period shall be provided without charge. A reasonable, cost-based fee shall be imposed for each subsequent request for accounting within the same 12-month period.

**Right to a Notification of Breach.** If a breach of your privacy occurs at ENT/TSC/THC or one of our Business Associates, under certain circumstances ENT/TSC/THC is obligated to inform you of the breach. For instance, if your demographic information along with your social security number were accessed by someone outside of ENT/TSC/THC and there was a possibility of identity theft, ENT/TSC/THC would notify you immediately and assist you with monitoring your credit.

**Right to Obtain a Paper Copy.** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

### **How to File a Complaint if You Believe Your Privacy Rights Have Been Violated**

If you believe that your privacy rights have been violated, please submit your complaint in writing to:

Ear, Nose & Throat  
Attn: Privacy Officer  
10021 Dupont Circle Ct.  
Fort Wayne, IN 46825

You may also file a complaint with the Office of Civil Rights. You will not be retaliated against for filing a complaint.

The U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or call 1-877-696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### **The Use of Electronic Mail and Other Forms of Digital Messaging:**

ENT/TSC/THC offers individuals the opportunity to communicate by e-mail. Transmitting protected health information, however, has a number of risks that individuals should consider before using e-mail. ENT/TSC/THC will use reasonable means to protect the security and confidentiality of e-mail sent and received. However, because of the risk of using e-mail, ENT/TSC/THC cannot guarantee the security and confidentiality of e-mail communication, it will not be liable for improper disclosure of confidential information that is not caused by ENT/TSC/THC's intentional misconduct. Thus, individuals must consent to the use of e-mail for protected health information. A fuller description of the risks and conditions of using electronic mail and digital communication is included in the full version of the Notice of Privacy Practices. Any withdrawal of consent for the use of electronic mail and digital communication must be by written communication to ENT/TSC/THC.