

Ear, Nose & Throat Specialists of Wisconsin, S.C.

Summary 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.

A federal law called the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") creates new rights for clients of health care organizations. One of those rights is information regarding the provider's privacy practice. Under federal regulations, we must provide you with a copy of this Notice of Privacy Practices and ask that you sign a document stating that we gave the notice to you. You may review the Notice of Privacy Practices immediately or at a later time.

I acknowledge that I have received from ENT Specialists of Wisconsin a written notice of ENT Specialists of Wisconsin's privacy practices for protected health information. I acknowledge that the written notice contains a description of how medical information about me may be used and disclosed and how I may access this information. I acknowledge that the notice also contains:

- A description of the types of uses and disclosures that ENT Specialists of Wisconsin is permitted to make for treatment, payment or health care operations with and without my written authorization
- A description of each of the other purposes for which ENT Specialists of Wisconsin is permitted or required to use or disclose protected health information without my written authorization
- A description of uses or disclosures that may be limited or prohibited by law
- The description contains sufficient detail to make me aware of the uses or disclosures that are permitted or required by the federal privacy rule and other applicable law
- A statement describing my individual rights with respect to my health information and a description of how I may exercise these rights, including:
 - » my right to have a copy of the Privacy Notice;
 - » my right to copy and review health information;
 - » my right to an accounting of how you use and disclose my health information other than for treatment, payment or health care operations;
 - » my right to request that you communicate with me at alternative locations, mailing addresses or telephone numbers;
 - » my right to request restrictions on how you use my health information; and
 - » *my right to request an amendment to information in your records that I think is in error, as well as my right to file a complaint if I feel my privacy rights have been violated.*
- A statement describing the ENT Specialists of Wisconsin duties under the federal privacy law
- I have received information explaining how to contact ENT Specialists of Wisconsin for further information. The policies in this Notice become effective April 14, 2003.