

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required by law to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI, our legal duties, and your rights concerning your health information. When we use or disclose PHI, we must follow the privacy practices that are described in this Notice (or other Notice in effect at the time of the use or disclosure).

EFFECTIVE DATE AND DURATION OF THIS NOTICE

This Notice is effective on April 14, 2003

Right to Change Terms of this Notice. We may change our Privacy Practices and the terms of this Notice at any time. If we make such changes, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in all waiting areas of each location and on our Internet site at www.entcentergr.com.

Before we make a significant change in our privacy practices, we will change this Notice. You may request a copy of the new notice from the contact office listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose Personal Health Information

for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

Generally, we may use or disclose your PHI as follows:

For treatment: We may use or disclose your health information to a physician or other healthcare providers providing treatment to you.

To obtain payment: We may use and disclose your health information to obtain payment for services we provide to you.

For healthcare operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Appointment reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION:

In addition to our use of your health information for treatment, payment or healthcare operations, we are required to have your written authorization to use your health information or to disclose it to anyone for any purpose unless the use or disclosure falls in one of two exceptions described under "Use and

Disclosure of PHI Not Requiring Consent or Authorization” If you give us an authorization, you may revoke it in writing at any time to stop future uses/disclosures, except to the extent we have already undertaken an action in reliance upon your authorization. Your revocation will not affect any use or disclosure of your health information for any reason except those described in this Notice.

Marketing health-related services: We will not use your health information for marketing communications without your written authorization.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

To your family and friends: We may use or disclose PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

Persons involved in care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person’s involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

USES AND DISCLOSURES OF PHI NOT REQUIRING CONSENT OR AUTHORIZATION

The law provides that we may use/disclose your PHI without consent or authorization in the following circumstances:

Public Health Activities. We may disclose PHI for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; and (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a government authority, including a social service or protective services agency, authorized by law to receive report of such abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings. We may disclose PHI in the course of a judicial or administrative proceeding in response to legal order or other lawful process.

Law Enforcement Officials. We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

Decedent. We may disclose PHI to a medical examiner as authorized by law.

Organ and Tissue Procurement. We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Research. We may use or disclose PHI without your consent or authorization if an Institutional Review Board approves a waiver of authorization for disclosure.

Health or Safety. We may use or disclose PHI to prevent or lessen a threat of imminent, serious physical violence against your or another readily identifiable individual.

Specialized Government Functions. We may use and disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

Workers’ Compensation. We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs.

As Required by Law. We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights relating to your protected health information:

To inspect and request a copy your PHI: You have the right to look at or get copies of your health information, with limited exceptions. You must make a written request in writing to obtain access to your health information to the contact office listed at the end of this Notice. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed.

To find out what disclosures have been made: You have the right to receive a list of instances in which we or our business associates disclose your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will respond to your written request for such a list within 60 days of receiving it.

To request restrictions on uses/ disclosures: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

To choose how we contact you: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. We must agree to your request as long as it is reasonably easy for us to do so.

To request amendment of your PHI: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We will respond within 30 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records, or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

QUESTIONS AND COMPLAINTS

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the Office of Civil Rights, Department of Health and Human Services, 200 Independence Ave., S.W., Washington D.C., 20207. We will not take retaliatory action against you if you file a complaint.

If you want more information about our privacy practices or have questions or concerns, please contact us.

ENT P.C./Privacy Officer
655-A Kenmoor Ave SE
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Fax: 616-575-1219
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