

Dayton Head & Neck Surgeons, Inc.  
**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE TELLS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Uses and Disclosures:**

We will use and disclose elements of your protected health information (PHI) in the following ways:

**Without Your Signed Authorization**

- ◆ Treatment: from Dayton Head & Neck Surgeons, Inc., doctors and nurses who treat you, and other healthcare providers who care for you while you are here;
- ◆ Payment: for those health professionals and facilities that treated or provided services to you;
- ◆ Health care operations: including clinical improvement, professional peer review, business management, and accreditation and licensing, etc.;
- ◆ When release is required by law, including in judicial settings and to health oversight regulatory agencies and law enforcement;
- ◆ In emergency situations or to avert serious health/safety situations.
- ◆ To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties;
- ◆ To organ, tissue and other donations organization, upon or proximate to your death, if we have no indication on hand about your donation purposes (or a positive indication);
- ◆ For any purpose required by law.
- ◆ To contact you about appointment reminders, treatment alternatives and other health related benefits and services;
- ◆ To the sponsor of your health plan.

**Other**

- ◆ All other uses and disclosures by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

**Your Rights:** You have the following rights concerning your PHI:

**Restrictions:** To request restricted access to all or part of your PHI. To do this you must contact Health Information Services (Medical Records) in writing. We are not required to grant your request.

**Confidential communications:** To receive correspondence of confidential information by alternate means or location. To do this you must contact in writing the HIPAA Coordinator.

**Access:** To inspect or receive copies of your protected health information. To do this you contact Health Information Services (Medical Records).

**Amendments:** To request changes be made to your PHI. To do this you must contact Health Information Services (Medical Records) in writing. We are not required to grant your request.

**Accounting:** To receive and accounting of the disclosures by us of your PHI in the six years prior to your request. To do this you must contact Health Information Services (Medical Records).

**This notice:** To get updates or reissue of this notice, at your request.

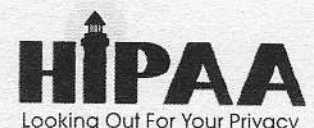
**Complaints:** To complain to us or the U.S. Department of Health & Human Services if you feel your privacy rights have been violated. To register a complaint with us, please contact the HIPAA Coordinator at (937) 496-2600. The law forbids us from taking retaliatory action against you if you complain.

**Our Duties:** We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

**Privacy Contact:**

For more information about our privacy practices, please contact:

HIPAA Coordinator  
Dayton Head & Neck Surgeons, Inc.  
369 West First Street, Suite 400  
Dayton, OH 45402



*Effective April 14, 2003*