

Patient's Bill of Rights

At Lawrence Otolaryngology Associates, P.A. (LOA) we recognize the responsibility to provide quality medical health care to our patients, respecting each patient's personal dignity. These rights shall apply to all patients, including neonates, children and adolescents and shall include the parents and/or guardians of these patients.

- You have the right to competent, considerate and respectful care in a safe setting that fosters your comfort and dignity and is free from all forms of abuse and harassment.
- You have the right to complete, current information concerning your diagnosis, your treatment and what you can expect, in terms that you can understand. You, or an appropriate person acting in your behalf, have the right to know, by name, the physician responsible for coordinating your care.
- You have the right to know, upon request, the names of all doctors and other health care persons directly participating in your care and other health care persons having direct contact with you.
- You have the right to every consideration of personal privacy concerning your medical care program, including case discussion, consultation, examination and treatment. These discussions are confidential and should be conducted discreetly. Persons not directly involved in your care must have your permission to be present.
- You have the right to expect that all communications and records pertaining to your care are treated as confidential.
- You, or your legally designated representative, shall have access to the information contained in your medical records within a reasonable time frame.
- You have the right to know about any research studies and procedures affecting your care or treatment. You have the right to refuse to participate in such research projects.
- You and/or your family have the right to file complaints or grievances concerning care or infringement of personal rights and to expect a response within a reasonable time frame.

You Have Certain Responsibilities As A Patient:

- You are responsible to provide, to the best of your knowledge, accurate and complete information about present complaints, medications, past illnesses, hospitalizations, and other matters relating to your health or care.

- You are responsible to provide information about advance directives, giving directions about your future medical health care should you become incapable of participation in such discussions.
- You are responsible to inform us if you do not understand a proposed course of action or what is expected of you.
- You are responsible to ask questions about your treatment, diagnosis or prognosis.
- You are responsible to know and follow our office rules and regulations.
- You are responsible to be cooperative and considerate during the treatment and care prescribed.
- You are responsible for the financial obligations for care and treatment.
- You are responsible to respect the privacy of other patients and employees.
- You are responsible to talk with the nurse, doctor or patient representative if you are dissatisfied or have questions about your care.

Privacy Policy

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.

If you have any questions about this notice, please contact the Office Privacy Officer.

Who Will Follow This Notice

This notice describes our offices practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of the office.
- Any member of a volunteer group we allow to help you while you are in our facility.
- All employees, staff and other personnel.
- LOA and LOA Ottawa. These sites and locations follow the terms of this notice. In addition, these entities may share medical information with each other for treatment, payment or other purposes described in this notice.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain

legal requirements. This notice applies to all of the records of your care generated by us, whether made by office personnel or your personal doctor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- make available to you, this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken nose may need to know if you have diabetes because diabetes may slow the healing process. Different departments of also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside our office who may be involved in your medical care after you leave, such as family members or others we use to provide services that are part of your care.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at our office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to make sure that you receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain

new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from others to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in our care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. We use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the office. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to

your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical 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.

Inmates. you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and obtain a copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

You have the right to inspect and obtain a copy of medical information that may be used to make decisions about you. You must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and obtain a copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have

the right to request an amendment for as long as the information is kept by or for our office.

To request an amendment, your request must be made in writing and submitted to our office. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for our office;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to our office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain

way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Breach Notification.

Under HIPAA, if protected health information ("PHI") is accessed by or disclosed to an unauthorized person, LOA is required to mitigate any harmful effect resulting from this breach of privacy. Before the HITECH Act, a covered entity, LOA, was not explicitly required by HIPAA to notify the affected person of the incident. Effective September 15, 2009, however, that will all change as covered entities will now be subject to explicit HIPAA breach notification requirements.

More specifically, the HITECH Act requires HIPAA covered entities to notify individuals without reasonable delay, and in no case later than 60 calendar days, after discovery of a breach of "unsecured protected health information" of individuals whose PHI has been, or is reasonably believed to have been, inappropriately accessed, acquired, or disclosed in the breach. If an individual's unsecured PHI is affected by a breach, or there is reason to believe an individual's unsecured PHI was affected, LOA will send written notification via first-class mail to the affected individual within 60 calendar days, after the discovery.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.lawoto.com.

To obtain a paper copy of this notice, contact us at 785-841-1107.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at our office for treatment or health care services as a patient, a copy of the current notice in effect will be given to you upon your request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and

Human Services. To file a complaint with LOA, contact the Practice Administrator. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Effective Date

The effective date of this Notice of Privacy Practices is April 14, 2003 (Revised 09.10.09).

Code of Conduct

LAWRENCE OTOLARYNGOLOGY ASSOCIATES, P.A.

Code of Conduct

LOA is committed to conducting business in an ethical and honest manner and within the bounds of the law. This Code of Conduct is intended to provide employees, physicians, volunteers, vendors, and other agents of LOA with guidelines for conducting business in a manner which fulfills that commitment. The Code of Conduct is supplementary to the mission, vision and values of LOA and applies to all who provide services under the auspices of LOA or its affiliates.

The standards contained in this Code of Conduct are important, and therefore any violation will be handled in accordance with the Progressive Disciplinary Policy, as outlined in Personnel Policies or other applicable policies and procedures of LOA and its Medical Staff. In addition, referral of certain matters will be made to government and regulatory agencies as appropriate. The offender may also be responsible in a civil suit for losses or other damages caused by his or her inappropriate conduct.

The Corporate Compliance Program

The Corporate Compliance Program has been established to prevent the occurrence of illegal or unethical behavior, to stop any such behavior as soon as reasonably possible after it has been discovered, to discipline the individuals involved (including those who know of violations but fail to report them), and to recommend and implement changes in policy and procedure necessary to avoid a recurrence of any prior violation.

Questions and How to Report Violations of the Standards

It is important to LOA that employees have an effective way to get an answer to any question they may have about how to conduct their job. It is

also important for employees and other agents to report any instance of a known or suspected violation of this Code of Conduct.

In the event that an employee has a question or concern or believes that someone is conducting their business in an illegal, unethical, or otherwise questionable manner, or violating LOA's policies, it is preferred that the employee first contact his or her supervisor to discuss the matter. There are times, however, when either the response the employee receives may be inadequate or the employee may feel uncomfortable in discussing the matter with his or her supervisor. In those cases, the employee should contact the Corporate Compliance Officer.

Lawrence Otolaryngology Associates Commitment to Compliance

LOA strives to...

1. **Comply with the Law**. LOA is subject to numerous local, state and Federal laws pertaining to all aspects of its operation. All employees are required to understand and abide by those laws which are applicable to them in the performance of their jobs.
2. **Provide Excellent Patient Care**. LOA employees shall strive to treat all patients with a spirit of kindness, patience and understanding. Each patient is an individual and should be treated as such. Each patient should be respected, with their needs and desires considered as health care decisions are made. Steps shall be taken so that each patient understands his or her treatment needs and options, treatment methods utilized, and treatment outcomes. LOA will provide services in a manner that does not discriminate against any person because race, color, religion, national origin, age, disability, sexual orientation, or gender. At all times, competent and qualified individuals will provide appropriate care, while considering the safety and well being of the patients.
3. **Protect Confidential Information**. LOA is committed to maintaining the confidentiality of patient, personnel, and other proprietary information in accordance with applicable legal and ethical standards. Consistent with HIPAA (Health Insurance Portability and Accountability Act), we do not use, disclose, or discuss patient specific information with others unless it is necessary to serve the patient or otherwise required by law.
4. **Adhere to Anti Referral and Health Care Fraud and Abuse Legislation**. All employees of LOA are required to comply with laws which prohibit health care fraud and abuse. Activities that are prohibited include, but are not limited to:
 - Intentionally or knowingly making false or fraudulent claims for payment or approval;
 - Offering or receiving remuneration (such as a kickback, bribe, or rebate) as an inducement to make a referral for the furnishing (or arranging for the furnishing) of any item or service;

- Submitting false information for the purpose of gaining or retaining the right to participate in a plan or obtain reimbursement for services; and,
- Referrals by a physician of Medicare or Medicaid patients to any entity for "designated health services" when the physician or an immediate family member has a financial relationship with the entity (unless the arrangement complies with applicable legal exceptions).

5. **Not Accept Inappropriate Gifts or Gratuities.** The following standards apply to the giving or receiving of gifts and gratuities. *Receiving Gifts from Patients and Vendors:* Employees are prohibited from soliciting tips, personal gratuities or gifts from patients and vendors. Employees may, however, accept non monetary gratuities or gifts of a nominal value, such as cookies, flowers or candy if the gift would not influence, or reasonably appear to others to be capable of influencing, the employee's business judgment in conducting affairs with the patient or vendor.

If the value of the gift is substantial or there is any question regarding whether the gift meets this standard of reasonableness, the employee must seek prior approval from the Corporate Compliance Officer (who will take the request to the Compliance Committee for review) or refuse the gift and promptly return the gift to the vendor or patient. *Giving Gifts to Patients and Vendors:* Employees shall not offer or give money, services or other things of value with the expectation of influencing the judgment or decision making process of any purchaser, vendor, patient, governmental official or any other person.

An employee who is in doubt about whether a situation involving the giving or receiving of something of value is acceptable, should ask his or her supervisor, or the Corporate Compliance Officer.

6. **Avoid Conflicts of Interest.** It is the policy of LOA to prohibit its employees and other associates from engaging in any activity, practice, or act which conflicts with, or appears to conflict with, the interests of LOA, its patients or its vendors. Therefore, Employees, Medical Staff members, Board members, and other individuals must disclose to their supervisor or the Compliance Officer any potential conflict of interest they or their immediate family have in any firm which does business with LOA or which competes with LOA.

7. **Follow All Antitrust Regulations.** A number of activities engaged in by LOA may be subject to state and Federal antitrust laws. Generally, these laws prohibit agreements or actions that may illegally restrain trade or reduce competition. Examples of activities that violate these laws include, but are not limited to, agreements among competitors to fix or stabilize prices, inappropriate exclusive dealings, and

boycotts of specified suppliers or customers. Sharing information with a competitor, such as how prices are set, labor costs, or terms of supplier contracts may also violate anti-trust laws.

8. **Keep Accurate and Complete Records**. It is essential that LOA report accurate information to governmental entities and other third parties. In order to meet this obligation, it is equally essential that every employee accurately and clearly report the relevant facts or the true nature of a transaction. No employee should knowingly or with reckless disregard for the truth make any false or misleading statement on any form or to any other officer, employee or auditor for LOA. All patient records must meet the documentation standards required for quality care and to meet reimbursement regulations. Any individual who contributes to the medical record must provide accurate documentation and never alter or destroy anything that is part of the official medical record. Employee travel and entertainment related expenses must be accurately documented and supported when seeking reimbursement from the office. Medical records and other business documents will be retained in accordance with state and Federal law.

9. **Conduct Political Activities According to the Law**. LOA does not participate or intervene in (including the publishing or distributing of statements), any political campaign on behalf of or in opposition to any candidate for public office.

While LOA supports employee participation in the political process, employees are not permitted to use positions at LOA to try to influence the personal decisions of others to contribute or otherwise support political parties or candidates except as lawfully permitted through political action committees.

10. **Protect the Environment**. It is the policy of LOA to comply with all state and federal laws protecting the environment. Employees shall dispose of all waste and other materials and store all chemicals and substances in accordance with applicable laws and regulations. It is important to file all necessary environmental reports accurately and promptly and to cooperate fully with all governmental authorities in the event of an environmental incident.

11. **Provide a Safe Workplace**. It is the policy of LOA to comply with all applicable state and federal laws designed to improve workplace safety. LOA is committed to training employees to carry out their work in a manner that is safe for them, their coworkers and the patients they serve. LOA does not employ or contract with individuals or entities that are excluded or ineligible to participate in Federal healthcare programs, suspended or debarred from Federal government contracts, or has been convicted of a criminal offense related to the provision of healthcare items or services and has not

yet been reinstated in a Federal healthcare program, provided we are aware of such criminal offense.

12. **Not Tolerate Harassment or Discrimination.** It is LOA's policy not to discriminate on the basis of race, color, religion, national origin, age, disability, sexual orientation, or gender in providing services to patients or the public, nor in relation to employment practices. Furthermore, LOA prohibits harassment or discrimination of its employees in any form by supervisors, coworkers, customers or vendors.
13. **Appropriately Use its Assets.** All employees are charged with protecting and preserving LOA's assets and resources by following procedures to prevent their loss, theft or unauthorized use. No part of the net earnings of LOA shall inure to the benefit of, or be distributed to, its trustees, Executive Staff, employees or other private persons having directly or indirectly any personal or private interest in the activities of LOA, except to the extent that such payments constitute reasonable compensation for services rendered in the necessary course of LOA's business.
14. **Protect Access to Information Systems.** LOA is committed to protecting all aspects of its information systems. All employees and other associates with access to LOA's computerized information system shall sign and abide by LOA's Responsible Use Policy, including the protection of confidential passwords and other access information.
15. **Adhere to Intellectual Property Laws.** LOA is committed to adhering to all applicable intellectual property laws. All software used in connection with LOA's business must be properly licensed and used in accordance with that license. Additionally, LOA will respect the intellectual property and copyright laws regarding books, trade journals, magazines, and other applicable resources.