

**THE EAR INSTITUTE OF TEXAS, P.A.**

**PRIVACY POLICY – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

**I. RELEASE OF INFORMATION – MEDICAL PROVIDERS**

Your confidential information could potentially be transmitted to those who are not authorized to receive such information. The Ear Institute of Texas uses its best efforts to avoid such disclosure. I have been advised of this potential and authorize The Ear Institute of Texas to utilize facsimile to transmit my Protected Health Information (“PHI”), which may include, without limitation; contact information and including medication history.

I hereby authorize the Ear Institute of Texas to release my PHI to the referring physician or to another physician or health care provider or facility associated with my care and treatment, or as otherwise permitted by applicable rules, regulations or laws. I understand and agree that the release of any such information may be transmitted, without limitation; telephonically, by facsimile, electronically, by mail, courier, or by overnight delivery services.

Further I hereby authorize The Ear Institute of Texas to obtain my PHI from the referring physician or another physician or health care provider or facility associated with my care and treatment including medication history from any pharmacy and that any such PHI information may be transmitted to the Ear Institute of Texas, without limitation; telephonically, by facsimile, electronically, by mail, courier, or by overnight delivery services.

**II. RELEASE OF INFORMATION – FAMILY AND OTHERS**

In accordance with HIPAA regulations, The Ear Institute of Texas may not discuss your condition, care or treatment plan with family members or other individuals unless that person(s) is authorized by you to access any such PHI information in regard to your condition, care or treatment plan. Any such authorization must be in writing, and obtained by The Ear Institute of Texas, by you or your legally authorized representative, prior to the release of any such information.

However, pursuant to the regulations, this privacy provision may be waived dependent upon your medical condition.

**Therefore I do hereby authorize the Ear Institute of Texas to release my PHI to the following person(s):**

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**If no persons are listed above, the Ear Institute of Texas will not disclose your PHI to anyone, except as permitted within this document or as otherwise permitted by applicable law.**

**III. BENEFIT ASSIGNMENT – INSURANCE**

The Ear Institute of Texas accepts various insurance plans. Each insurance plan has its own unique stipulations, coverage limits and requirements for the plan participant (the patient). The staff at the Ear Institute of Texas will verify your benefits prior to and at the time of your visit. However, due to the various plan types, and the variations in coverage, we ask that you take the time to discuss your visit with your insurance provider or your employer’s benefits manager, so that you are aware of your responsibilities and all applicable fees for which you will be responsible at the time of your visit to the Ear Institute of Texas.

During you visit at the Ear Institute of Texas you may be required to undergo diagnostic testing which may or may not be covered by your insurance provider. **Any charges not covered by your insurance provider will be your responsibility.**

**HMO:** If your insurance is through an HMO, it is your responsibility as the patient to coordinate all necessary referrals prior to your visit with the Ear Institute of Texas, including a determination as to whether or not the physician is a “participating physician” with your individual HMO insurance plan.

I hereby authorize the Ear Institute of Texas to release my PHI to my insurance provider(s) or its’ intermediaries for claims and associated purposes. I understand and agree that the release of any such information may be transmitted, without limitation; telephonically, by facsimile, electronically, by mail, courier, or by overnight delivery services.

Further I hereby authorize The Ear Institute of Texas to obtain my PHI or any other required information from my insurance provider or its’ intermediaries for claims and associated purposes and that any such PHI information may be transmitted to the Ear Institute of Texas, without limitation; telephonically, by facsimile, electronically, by mail, courier, or by overnight delivery services; and, further that payment from the insurance provider shall be made to: *The Ear Institute of Texas P.A., 18518 Hardy Oak Blvd., Ste. 300 San Antonio, Texas, 78258.*

**I understand and acknowledge that as the patient I am financially responsible to the Ear Institute of Texas for all services rendered, regardless of reimbursements from any insurance provider, if applicable, including without limitation any “out-of-network” fees associated with my care.**

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**Patient/Guarantor/Legal Guardian Signature**

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**Date**