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Notice of Privacy Practices Protected Health Information

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.

Coastal Ear, Nose & Throat, LLC is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- An assistant obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/ she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain their input.

Example of use of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding the medical care given. We will provide information to them about you and the care you received.

Example of use of your information for health care operations:

- We obtain services from our insurers or other business associates, such as quality assessment, outcome evaluation, protocol and guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

322 Commercial Drive, Ste. 2 Savannah, GA 31406 | 200 Blue Moon Crossing, Ste. 103, Pooler, GA 31322

912.355.2335 | 912.450.2336

Fax: 770.217.3339

www.coastal-ent.com



Your Health Information Rights

The health and billing records we maintain are the physical property of Coastal Ear, Nose & Throat, LLC. The information in your records, however, belongs to you.

You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our administrative offices. We are not required to grant the request, but we will comply with any request granted.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request to our office.
- Request that you be allowed to inspect and copy your health and billing records. You may exercise this right by delivering the request in writing to our administrative offices using the form we provide to you upon request.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. The physician or other health care provider is not required to make such amendments.
- Request that communications of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we provide you upon request.
- Revoke authorizations that you made previously to use or disclose information, except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Coastal Ear, Nose & Throat, LLC (912) 355-2335 or at 322 Commercial Dr, Ste 2, Savannah, GA 31406 in person or in writing during normal business hours.

Our Responsibilities

Coastal Ear, Nose & Throat, LLC is required to:

- Maintain the privacy of your health information as required by law.

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- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information with you

We reserve the right to amend, change, or eliminate provisions in our privacy and access practices, and to enact new provisions regarding the PHI we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the notice by calling or visiting our office and requesting a copy. A copy of the notice is also available on our website www.coastal-ent.com.

To Request Information or File a Complaint

If you have any questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Coastal Ear, Nose & Throat, LLC (912) 355-2335.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Coastal Ear, Nose, and Throat, LLC at 322 Commercial Dr, Ste 2, Savannah, GA 31406 during normal business hours. You may also file a complaint by mailing or emailing it to the Secretary of Health and Human Services (HHS).

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment from Coastal Ear, Nose & Throat, LLC.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

Other Disclosures and Uses

Notification- Unless you object, we may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with Family- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information

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relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Research- We may disclose information to researchers, and the institutional review board has reviewed and approved their research proposal and has established protocols to ensure the privacy of your PHI.

Disaster Relief- We may use and disclose your PHI to assist in disaster relief efforts.

Organ Procurement Organizations- Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purposes of tissue donation and transplant.

Marketing- We may contact you to provide you with appointment reminders, information about treatment alternatives, or information about other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA)- We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI related to adverse events with respect to drugs, foods, supplements, products, product defects, or post-marketing surveillance information for product recalls, repairs, or replacements.

Public Health- As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse and Neglect- We may disclose your PHI to public authorities as allowed by law to report abuse or neglect.

Law Enforcement- We may disclose your PHI for law enforcement purposes as required by law, such as when required by a court order, in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight- Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities.

Judicial or Administrative Proceedings- We may disclose your PHI in the course of any judicial or administrative proceedings as allowed or required by law, with your consent, or as directed by a proper court order.

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Serious Threat to Health or Safety- To avert a serious threat to health or safety, we may disclose your PHI consistent with the applicable law to prevent or lessen a serious imminent threat to the health or safety of a person or the public

For Specialized Governmental Functions- We may disclose your PHI for specialized government functions authorized by law, such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Other Uses- Other uses and disclosures besides those types identified in this notice will be made only as otherwise authorized by law or with your written authorization. You may revoke an authorization as previously provided.

Updated Date January 27, 2026

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