



LINDSAY I. GOLDEN, MD., F.A.C.S
MICHAEL H. ARENSTEIN, MD., F.A.C.S
CHRISTOPHER K. SINHA, MD., F.A.C.S

AUTHORIZATION AGREEMENT

This authorization agreement gives Montgomery Otolaryngology, A Division of The Centers for Advanced ENT Care, LLC, the permission to use specific protected health information. This notice describes how medical information may be used and how you may obtain your protected health information. If you refuse to sign this authorization agreement, we cannot refuse to treat you. You have the following rights in regards to your protected health information:

- You have the right to request restrictions on certain uses and disclosures of protected health information. By law, we are not required to agree to all requested restrictions.
- You have the right to inspect, review, and amend your medical record. If you disagree with a statement in your chart, you are not allowed to delete it or change it. By law, we can charge you for an office visit every time you review your chart.
- You have the right to request a copy of your health information. We may charge you the amount specified by the State to copy your records.
- We will not release your protected health information for the purposes of life or disability insurance without your written permission.
- You may request a written copy of our complete Privacy Policy.

We will use your health information for treatment and to document our observations in your chart. We may also send a letter to your referring physician or other pertinent health care provider, which includes our clinical findings, diagnosis, and treatment protocols. We will use your health information for billing purposes. A bill may be sent to you, your insurance company, or any third party involved. This will include charges for treatment and diagnostic information. We may share your protected health information with our business associates (health insurance companies, diagnostic labs, radiology, hearing aid companies, etc.) so that they may perform their required duties. To protect your information, all of our business associates are required to sign a business associate contract, which is a safeguard for your protected health information. In certain circumstances, we are required by law, whether or not you give permission, to disclose your protected health information. This includes disclosures to the Food and Drug Administration, public health officials, law enforcement officials, and for Workman's Compensation purposes.

Federal and state law requires that we keep your medical records for 7 years following your last visit or 3 years after one's 18th birthday. Your medical information can be obtained by calling the office at 301-963-6334 and making an appointment to read, amend or copy your information. The terms of our privacy policy may change. Signing this document means that you are aware of our privacy policy, it does not bind you to agree with our policy. (Privacy policies will differ from office to office.) These policies give us the ability (following Federal guidelines) to provide a more efficient and appropriate means of safeguarding your health information.

We ensure the privacy of your medical records. Our office and medical providers have access to your medical chart. The information in your medical record is used only to carry out medical treatment, payment, and health care operations. Our employees sign a privacy policy agreement and understand their responsibility to protect health information. All medical records or other identifiable information is protected, in any form, whether written, oral, or electronic.

Patient Name

Patient Signature

Date