



Dear Patient:

The doctors and staff of Integrated Ear, Nose & Throat, P.C. are pleased to welcome you to our practice. We are dedicated to providing our patients with the best care available.

As a new patient, preliminary paperwork is necessary. Please take a few moments to fill out the enclosed forms. Please bring these **completed forms** with you to your appointment, along with your insurance card(s) and referral information, if applicable. We also ask that you allow at least 90 minutes for your appointment. Due to the allergic chemical sensitivities of many of our patients we kindly ask that you refrain from wearing fragrances to your appointment.

Should you have any questions, or if you are unable to keep your appointment, please call us at 303-706-1616. Thank you for placing your confidence in us. We look forward to seeing you at your appointment on \_\_\_\_\_ at \_\_\_\_\_.

Date Time

Sincerely,

Doctors and Staff  
Integrated Ear, Nose & Throat

**Please see reverse side for map & directions.**

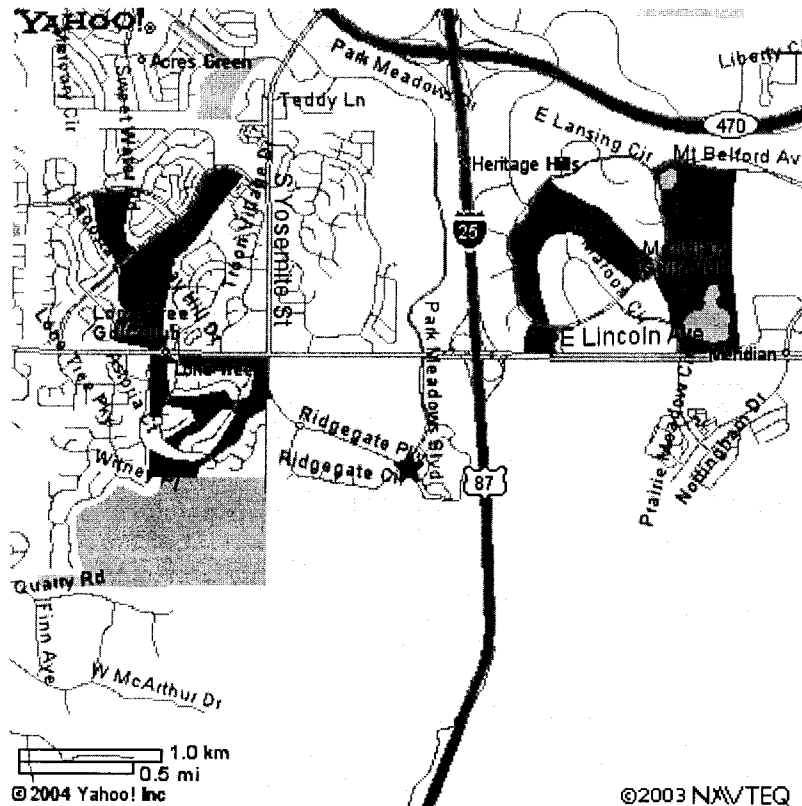
*Timothy F. Pingree, MD* ▪ *Clark W. Walker, MD, FACS* ▪ *H. Patrick Carr, MD, FACS*  
*Nicole Wissing, PA-C*  
10099 RidgeGate Parkway, Suite 230, Lone Tree, CO 80124 ▪ 303-706-1616  
[www.integratedENT.com](http://www.integratedENT.com)

**Integrated Ear, Nose & Throat**  
**In association with RidgeGate Hearing Clinic**  
10099 RidgeGate Parkway  
Conifer Building, Suite 230  
Lone Tree, CO 80124  
(303) 706-1616

Sky Ridge Medical Center is located in Lone Tree, Colorado (South of metro Denver), at the Southwest corner of Lincoln Avenue and I-25.

From I-25, exit at Lincoln Avenue, go West on Lincoln Avenue to Park Meadows Blvd. Turn left (South) on Park Meadows Blvd. The Hospital Campus is on the left, approximately ¼ - ½ mile south of Lincoln Avenue. The Conifer Building is on the South side of the Hospital. To get to the Conifer Building follow the "EMERGENCY" signs.

From C-470 east bound, exit at Yosemite, go South on Yosemite to Lincoln Avenue. Go East on Lincoln Avenue to Park Meadows Blvd. Turn right (South) on Park Meadows Blvd. The Hospital Campus is on the left, approximately ¼ - ½ mile south of Lincoln Avenue. The Conifer Building is on the South side of the Hospital. To get to the Conifer Building follow the "EMERGENCY" signs.



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*Nicole Wissing, PA-C*  
*Diane Krieger, Au.D.* ▪ *Lindsay Ward, Au.D.*  
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questing. We are not required by law to agree to your request, but will accommodate reasonable requests when appropriate.

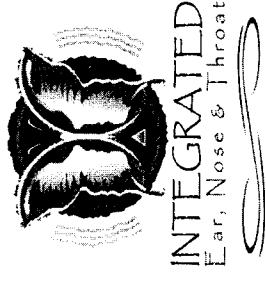
**Request for Confidential Communications:**

You have the right to request that communications regarding your health information be made by alternative means or at alternative locations. Requests for confidential communications must be in writing and signed by you or your representative.

**Amendments:** You have the right to request that we amend or correct your health information. We are not obligated to make the amendments but will give the request careful consideration. To be considered, your amendment request must be in writing, be signed by you or your representative, and must state the reason for the amendment/correction.

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. There will be no retaliation for filing a complaint.

**For Further Information:** If you have questions or need further assistance regarding this notice, please contact the Privacy Officer at 303-706-1616.



**NOTICE OF PRIVACY PRACTICES**

EFFECTIVE JANUARY 1, 2005

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AS WELL AS SHOW HOW YOU MAY ACCESS THIS INFORMATION.**

**INTEGRATED  
EAR, NOSE & THROAT**  
in association with  
**RIDGEGATE  
HEARING CLINIC  
&  
RIDGEGATE  
FACIAL AESTHETIC SURGERY**  
10099 RidgeGate Parkway  
Suite 230  
Lone Tree, CO 80124  
303-706-1616

If you have any questions about this notice, please contact the Privacy Officer at 303-706-1616.

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Nicole Wissing, PA-C

## Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. This notice takes effect January 1, 2005 and will remain in effect until updated or replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. The new terms of our notice will be effective for all health information we maintain, including health information that we created or received before we made the changes.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

**Uses and Disclosures of Health Information**  
We may use and disclose your health information for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use and disclose your health information to a physician or other healthcare professional providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connections with our healthcare operations. This may include quality assessment and improvement activities, reviewing the competence and qualifications of healthcare professionals,

evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, and credentialing activities.

### Other Uses and Disclosures

As a part of treatment, payment and healthcare operations, we may use and disclose to you Protected Health Information for the following purposes:

- To remind you of an appointment.
  - To inform you of possible treatment options or services that may be of interest to you.
  - To inform you about health-related benefits or services that may be of interest to you.
- For example, we may use your information to notify you of treatment or services we offer such as hearing aid services or aesthetic services. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving of an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.

**Authorization:** In addition to our use of your healthcare information for treatment, payment, or healthcare operations, you may give to us in writing, your authorization to use your health care information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**Your Family and Friends:** We must disclose your health information to you as outlined in the Patient's Rights section of this notice. We may disclose your information to a family member, friend or other person to the extent necessary to help with your healthcare, but only if you agree that we may do so. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited Personal Health Information with such individuals.

**As required by law:** We may make certain other uses and disclosures of your health information without your authorization. These may include uses and disclosures for/to:

- Purposes required by law.
- Public health activities, such as reporting of disease, injury, and death for public health investigations.
- Reporting to appropriate authorities if we reasonably believe you are a possible victim of abuse, neglect, or domestic violence.
- Audits, investigations, civil or criminal proceedings as authorized by law.
- Avert a serious threat to health or safety.
- If you are a member of the military as required by the armed forces services.
- Workman's Compensation benefits determination.

## Patient Rights

**Access:** You have the right to inspect or request a copy of your protected health information. Your request must be in writing. Forms can be obtained by any front desk staff member. If you request copies, we may charge you a reasonable fee to cover the cost of supplies and staff time.

**Disclosure Accounting:** You have the right to receive a list of instances in which we have disclosed your health information for purposes other than treatment, payment, and healthcare operations. Your request must be in writing. The first accounting in any 12-month period is free. Additional requests within the same 12-month period may result in a reasonable fee.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. For example, you may request that we not disclose your Personal Health Information to your spouse. Your request must be in writing and describe in detail the restriction you are re-