



Notice of Health Information Privacy Practices: This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please read and review this notification carefully.

Asthma & Allergy Associates, PC (the practice) is required to maintain the privacy of your health information, and to provide you with a copy of this notice. This notice applies to all of the medical records generated by the practice as well as records the practice receives from outside providers.

Use & Disclosure of Protected Health Information in Treatment, Payment & Health Care Operations.

Treatment: The practice may use and disclose your protected health information in the course of managing your health care as well as any related services. Unless you advise us in writing not to, we may coordinate your care with a third party, including pharmacies, billing services, laboratories, or another physician. We may disclose your protected health information to other health care providers/professionals related to your care including, but not limited to your primary care physician or referring physician.

Payment: The practice will use or disclose your protected health information to obtain payment for services rendered. This may include verifying your insurance, determining benefits eligibility, faxing or emailing records to your insurance company. The practice uses a third-party billing service and your protected health information is accessible to billing staff outside of the practice.

Operations: The practice may use or disclose your protected health information for the purposes of management or administration of the practice. This may include but not limited to the following. 1) Quality evaluations/improvement activities 2) Employee training 3) Accreditation, certification, licensing, and credentialing 4) Compliance reviews and audits including legal activities

Other Uses: The practice may use or disclose your information 1) to remind you of an appointment or financial obligation for services 2) to inform you of potential treatment plans or alternatives or of services that might be of benefit to you including research 3) detailed messages with regard to your health care, medications, insurance benefits or financial responsibilities may be left by the practice on your voice mail, email and/or text. 4. The practice may disclose your protected health information to a friend or family member or caretaker who is involved in your care as you have designated on the accompanying form titled "Authorization to Disclose Protected Personal Health Information".

Research: The practice may use or disclose your protected health information for approved clinical studies. You may be contacted by a member of the practice's research staff for current or upcoming research study participation.

Regulatory Agencies: The practice may disclose your health information to government and health oversight agencies for activities authorized by law, including but not limited to audits, investigations, inspections and licensure. The practice may disclose your information to public health or legal authorities, physicians or other professional entities who are charged with preventing or controlling disease, monitoring or deciding disability, monitoring or deciding worker's compensation and those charged with monitoring injuries or abuse. If applicable, the practice will disclose your information to organ and tissue procurement organizations for the purpose of donation or transplant.

Law Enforcement/Litigation: The practice may disclose your protected health information to law enforcement, lawyers, or use your information in a court of law or other processes in litigation. If applicable, the practice may disclose your information to military command authorities.

Uses and Disclosures Requiring your Authorization: Other than the above circumstances, the practice will not disclose your or your child's protected health information unless you provide written authorization. You may revoke your authorization in writing at any time.

Your Rights Related to your Health Information:

1. You have the right to confidential communications of your protected health information.
2. You have the right to inspect and copy your protected health information.
3. You have the right to request an amendment of your health information.
4. You have the right to obtain a statement of the disclosures that have been made of your protected health information.
5. You have the right to request restrictions on certain uses or disclosures of your protected health information.
6. You have the right to a copy of this notification.
7. You have the right to revoke your authorization to use or disclose your health information.
8. You have the right to be notified in the event of a breach of protected health information.
9. You have the right to file a complaint without the risk of retaliation to the US Secretary of Health and Human Services.

For more information regarding how to exercise these rights, please contact the Practice Clinic Administrator at (719)473-0872. **This notification is effective for all protected health information created on or after October 1, 2019.**

