

**Notice Regarding Privacy  
Of  
Personal Health Information**

**Allergy Asthma Specialists, PA**

**April 2003**

# **NOTICE OF PRIVACY OF PERSONAL HEALTH INFORMATION**

This notice describes how Allergy Asthma Specialists, PA may use and disclose the medical information about you and how you can get access to this information.

## **Please review this carefully.**

AAS is required by the Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) to provide you of our legal duties and privacy practices with respect to your protected personal health information.

This notice discusses the following:

- 1) How we may use and disclose your protected health information (PHI).
- 2) Your rights to access and control your protected health information (PHI).
- 3) Our (AAS) duties and contract information we have the right to change the terms of this notice and to make any new provisions effective for all protected health information (PHI) that we maintain. We will provide you a copy of any revised notices upon request. Any individual may obtain a copy of the current Notice from our office at any time.

## **Protected Health Information (PHI)**

“Protected health information” is information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present, and future physical or mental health; the provision of health care to you; and your past, present, and future payment for health care.

## **How we may use or disclose your PHI does not require your consent**

- 1) **For TREATMENT.** This may include the following:
  - a. Providers, managing and coordinating your health care related services by one or more health care providers.
  - b. Do referrals to other providers or health care agencies for treatment.
  - c. Consultations between health care providers (ie. pharmacies, radiology, laboratory facilities concerning a patient).
- 2) **For PAYMENT.** This may include the following:

- a. Disclosure of information to obtain payment or reimbursement for services by an AAS health care provider.
  - b. Determine your eligibility for benefits for office visits, health insurance coverage or to demonstrate the medical preauthorization of services or precertification of service to be provided to you.
  - c. Managing claims and contacting insurance companies regarding payment.
- 3) **For HEALTH CARE OPERATION.** PHI will be used or disclosed for purpose of management or administration of the practice and offering quality health care services. This may include the following:
  - a. Quality evaluation and improvement activities.
  - b. Employee review activities and training program.
  - c. Accreditation, certification, licensing, or credentialing activities.
  - d. Reviews and Audits.
  - e. Business management and general administrative activities.
- 4) **For OTHER USES AND DISCLOSURES.** This may include the following:
  - a. Appointment reminders including leaving a reminder message on your answering machine.
  - b. Inform you of potential or alternative treatment options.
  - c. Information regarding benefits that are health related and of interest to you.
- 5) **For ADDITIONAL USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION OR AN OPPORTUNITY TO OBJECT.** In addition to treatment, payment, and health care operations, AAS may use or disclose your PHI without your permission or authorization in certain circumstances. This may include the following:
  - a. When legally required. AAS will comply with any Federal, state, or local law.
  - b. When there are risks to public health. AAS for public health purposes, including to, as permitted or required by law:
    1. Prevent, control, or report disease, injury, or disability.
    2. Report vital events such as birth or death.
    3. Conduct public health surveillance, investigations, and interventions.
    4. Collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs, or replacements, and conduct post-marketing surveillance.
    5. Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
    6. Report to an employer information about an individual who is a member of the workforce.
  - c. To report abuse, neglect, or domestic violence. As required or authorized

by law or with the patient's agreement.

- d. To conduct health oversight activities. These may include the following:
  - 1. Audits.
  - 2. Civil, administrative, or criminal investigations, proceedings or actions.
  - 3. Inspections.
  - 4. Licensure or disciplinary actions.
  - 5. Other necessary oversight activities as permitted by law.  
However if you are the subject of an investigation, AAS will not disclose PHI that is not directly related to your receipt of health care of public benefits.
- e. For Judicial and administrative proceedings. If the disclosure is expressly authorized by such order or a signed authorization provided.
- f. For law enforcement purposes. The following includes:
  - 1. Required by law to report of certain types of physical injuries.
  - 2. Required by court order, court-ordered warrant, subpoena, summons, or similar process.
  - 3. Needed to identify or locate a suspect, fugitive, material witness, or missing person.
  - 4. Needed to report a crime in an emergency situation.
  - 5. You are a victim of a crime in specific limited instances.
  - 6. Your death is suspected by AAS to be a result of criminal conduct.
- g. For Medical Examiners, Funeral Directors, Coroners, and for Organ Donation. The following purposes include:
  - 1. Identification.
  - 2. Determination of cause of death.
  - 3. Performance of the medical examiner or coroner's other duties as authorized by law.

In addition, as permitted by law, AAS may disclose PHI, including when death is reasonably anticipated, to a funeral director to enable the funeral director to carry out his or her duties.

- h. For Research Purposes.  
Medical information for research purposes in limited circumstances where research has been approved by an institutional review board or privacy board that has examined the research proposal and the research protocols, which maintain the privacy of your protected health information.
- i. To Prevent or Diminish A Serious and Imminent Threat to Health Or  
To prevent or diminish a serious and imminent threat to your health or safety or to the health and safety of the public, as permitted under law and consistent with ethical standards of conduct.
- j. For Specified Government Functions. (As authorized by the HIPAA privacy regulation)  
To facilitate specified government functions relating to military and Veteran's activities, national security and intelligence activities,

Protective services for the President and other, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

k. For worker's compensation.

To comply with worker's compensation laws or similar programs.

### **Uses and Disclosures of your PHI, permitted with an opportunity to object**

Subject to your objection, we may disclose your protected health information in the following manner:

- 1) To a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your care or payment related to your care.
- 2) When attempting to locate or notify family members or others involved in your care to inform them of your location, condition or death. If you are incapacitated or in an emergency situation, we may exercise our judgment to determine if the disclosure is in your best interests and, if such a determination is made, may only disclose information directly relevant to your health care.

### **Uses and Disclosures Authorized by You**

Other than the circumstances described above, we will not disclose your health information unless you provide written authorization. You may revoke your authorization in writing at any time except to the extent that has taken action in reliance upon the authorization.

### **Your Rights**

You have certain rights regarding your protected health information under the HIPPA privacy regulations. These rights include:

- 1) Inspect or get copies of your medical information, you may request in writing that we provide copies in a format of "designated record set". A "designated record set" contains medical and billing records as well as any other records that may be used to make decisions regarding the service provided to you. We will use the format you request unless it is not practical for us to do so. There will be a minimum charge for each page copied.
- 2) Requesting a restriction on use and disclosure of your "PHI". We are not required to agree to these additional restrictions but if we do we will abide by our agreement (except in case of emergency).

- 3) The right to request to receive confidential communication from us by alternative means or alternative location. We will make every effort to comply with reasonable requests. Requests should be made in writing to our privacy officer.
- 4) The right to request an accounting of certain disclosure. You may request in writing a list of all the times we or our business associates shared your PHI for purposes other than treatment, payment and health care operations and other specified exceptions.
- 5) The right to request an amendment of your protected health information. You can request a change in your medical information in writing. We may deny your request in some instances and provide you with a written explanation. However should we deny your request for amendment you have the right to file rebuttal to your statement.
- 6) The right to obtain a paper copy of the notice. We will provide a paper copy upon your request.

### **Questions and Complaints**

If you have any questions about this practice or if you believe that your privacy rights have been violated please contact us, you may also relate this complaint to the Secretary of U.S Department of Health and Human Services. You will not be ridiculed for filing this complaint.

The Privacy Officer can provide information regarding issues related to this notice by request. Complaints of our practice should be directed to the Privacy Officer at the following address:

661 E. Altamonte Dr Ste 315  
Altamonte Springs, FL 32701

ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at 407-339-3002

### **Effective Date**

This notice is effective on April 14, 2003 and remains in effect until we replace it.