
As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your protected health information (PHI). By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create and maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Allergy Asthma Clinic, Ltd
Compliance Administrator
300 W Clarendon Ave Suite 120
Phoenix, AZ 85013

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

1. **Treatment.** Our practice may use your PHI to treat you. Many of the people who work for our practice, including but not limited to nurses and doctors, may use or disclose your PHI in order to treat you or assist others in your treatment.
2. **Payment.** Our practice may use or disclose your PHI in order to bill and collect payment for the services and items you may receive from us.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business, for example to evaluate the quality of care you received from us, or to conduct cost management or business planning activities for our practice.
4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment. We will notify you about your appointment via personal call, email or text. The notification may involve leaving a message on an answering machine or other automated or electronic equipment for such purposes, which could (potentially) be received or intercepted by others.
5. **Sign in Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives as well as of health-related benefits that may be of interest to you.
7. **Release of Information to Family/Friends.** Our practice may release your PHI to your responsible party you identify.
8. **Marketing.** We will not use or disclose your medical information for marketing purposes without your prior written authorization.
9. **Sale of Health Information.** We will not sell your health information.
10. **Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

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11. **Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law.

D. USE AND DISCLOSURE OF PHI IN SPECIAL CIRCUMSTANCES.

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. **Public Health Risk Reporting.** Our practice may disclose your PHI to public health authorities.
2. **Law Enforcement.** Your health information may be disclosed to law enforcement agencies, military and national security without your permission, to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.
3. **Workers' Compensation.** Our practice may release your PHI for worker's compensation and similar programs that provide benefits for work-related injuries and illness.

E. YOUR RIGHTS REGARDING YOUR PHI.

You have the following rights regarding the PHI that we maintain about you. These include:

- The right to request restrictions on the use and disclosure of your PHI, including to request that a health plan not be informed of treatment for which patient paid entirely out of pocket.
- The right to prohibit the sale of your PHI, its use for marketing purposes or participation in research.
- The right to request to receive confidential communication concerning your medical condition and treatment in a specific manner.
- The right to inspect and obtain copies of your PHI.
- The right to amend or submit corrections to your PHI
- The right to receive an accounting of how and to whom your PHI has been disclosed outside of our practice if not for treatment, payment or health care operations.
- The right to file a complaint if you believe your privacy rights have been violated. Please, file your complaint in writing. You will not be penalized for filling a complaint.
- The right to receive a printed copy of this notice.

All requests must be in writing and directed to Allergy Asthma Clinic. Compliance Administrator at 300 W Clarendon Ave, Suite 120, Phoenix, AZ 85013. Our practice may charge a fee for the costs associated with any requests.

F. RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES.

Our practice will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

If you believe your privacy rights have been violated, you may complain to the secretary of the U.S. Department of Health and Human Services or to the Compliance Administrator listed below. There will be no retaliation against you for filling a complaint. Again, if you have any questions regarding this Notice or our health information privacy policies, please contact:

**Allergy Asthma Clinic, Ltd
Compliance Administrator
300 W Clarendon Ave Suite 120
Phoenix, AZ 85013**