

JAMES B. NEIBURGER, M.D., FAAAAI, FAACI
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (77)

ASTHMA & ALLERGY CARE, P.A.
ALLERGY, ASTHMA AND RELATED DISEASES

www.allergycarekc.com

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10787 NALL AVE. • SUITE 200 • OVERLAND PARK, KS 66211 • (913) 491-3300 • FAX (913) 491-0904

NOTICE OF PRIVACY PRACTICES

ALLERGY & ASTHMA CARE, P.A.

10787 Nall Avenue, Suite 200
Overland Park, Kansas 66211
(913) 491-3300 Fax (913) 491-0904

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this Notice carefully.

Federal regulations require that you are provided with this Notice that explains our privacy policies regarding your protected health information, your rights under these regulations, and your access to your protected health information.

Protected health information is health information that identifies you. Our practice is dedicated to maintaining the privacy of your protected 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.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by the practice for providing treatment, obtaining payment for treatment, and conducting health care operations. Disclosures may be made in writing, electronically, by facsimile, or orally. We may also use and disclose your information in other circumstances with your authorization, or if required by law.

TREATMENT

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may disclose this information to another physician, to pharmacies, to another specialist to whom we have referred you, to laboratories or radiology facilities.

PAYMENT

We may use or disclose your health information to obtain payment for services including disclosures to your health insurer for precertification or benefit verification and utilization review. We may disclose information to another provider who is involved in your care and needs this information to obtain payment.

HEALTHCARE OPERATIONS

We may use and disclose your health information for the purposes of management or administration and offering quality health care services. This includes activities such as accreditation, licensing, training and quality evaluations, and reviews and audits such as compliance reviews. In addition, the practice may disclose your information to other providers for their health care operations.

OTHER USES AND DISCLOSURES

APPOINTMENT REMINDERS

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We will use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment. This may be done by telephone or in writing.

TREATMENT ALTERNATIVES

We will use and disclose your protected health information to inform you of potential treatment alternatives or health-related services that may be of interest to you.

OTHERS INVOLVED IN YOUR CARE

We will use and disclose your protected health information to a family member, close friend or any other person you identify to be involved in your medical care or payment for that care.

OTHER DISCLOSURES

There may be some activities through contracts with outside businesses such as transcription services and collection agencies. We may disclose your health information to these businesses to perform the job we have asked them to do. They must also protect the health information we disclose to them.

AS REQUIRED BY LAW

We will use and disclose your protected health information when required by federal, state or local law. Public health authorities are also permitted access to this information for purposes of controlling disease and injury, and for collection of information concerning adverse events and product information.

The practice may inform government authorities if it is believed that a patient is the victim of abuse, neglect or domestic violence. We may disclose information for judicial or administrative proceeding if this disclosure is expressly authorized by order of a court or a signed authorization is provided. Information may be disclosed to comply with worker's compensation laws or similar programs.

We may disclose your protected health information to a correctional institution or law enforcement official if you are under their custody.

YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION

You have the right to inspect or copy your medical information. These records consist of medical and billing records as well as any other records that the practice uses to make decisions regarding the services provided to you. You must submit a written request to inspect and copy your health information. There will be a fee for copying, mailing or other costs incurred in complying with your request.

You may request an amendment of your protected health information if you believe this information is incorrect or incomplete. This request must be made in writing. You must provide a reason for this amendment. We may deny your request if you ask us to amend information that we believe is accurate and complete, if the information is not part of the information kept by or for our practice or not created by our practice, or not part of the information which you would be permitted to inspect and copy.

You have the right to request that we communicate with you about your health information in a certain manner. These requests must be made in writing to the Practice Manager, specifying the method or location of contact. We will accommodate all reasonable requests.

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You may request restriction or limitation of our use or disclosure of your health information. Such requests must be made in writing to the Practice Manager and must describe the information to be restricted and the nature of the restriction. We are not required to agree to this restriction, but if we do agree, we will comply with your request unless that information is needed for emergency treatment.

All patients have the right to request an accounting of disclosures we have made outside our practice that were not for treatment, payment or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for dates prior to April 14, 2003, nor for a period of time greater than six years, our legal obligation to retain information. There will be no charge for the first request, but subsequent accounting will result in a reasonable fee.

THE PRACTICE'S DUTIES

We are required to ensure the privacy of your health information and to provide you with this Notice. The practice must abide by the terms of this Notice and may amend the Notice periodically. A copy of the current Notice will be posted. You may request a copy in writing at any time.

If you believe your privacy rights have been violated, you have the right to file a complaint with our Practice Manager or directly to the Secretary of Health and Human Services. We encourage you to relate any concerns you may have regarding the privacy of your information. There will be no retaliation for your filing a complaint.

The Practice Manager can provide information concerning these issues. Please contact Rochelle Neiburger, PhD, at Allergy & Asthma Care, P.A., 10787 Nall Avenue, Suite 200, Overland Park, Kansas 66211, (913) 491-3300. This Notice is effective on April 14, 2003.