

HIPPA NOTICE OF PRIVACY PRACTICES

authorized by law.

INMATES– If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect you health and safety and the health and safety of others, or for the safety and security of the correctional institution.

REQUIRED BY LAW. We will disclose health information about you without your permission when required to do so by federal, state or local law.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Allergy & Asthma Care, PA, the information belongs to you.

You have the right to:

1. RESTRICTION– Request a restriction on certain uses and disclosures of your information. We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

2. INSPECT– You have the right to inspect and request a copy of your health record. This includes medical and billing records, other than psychotherapy notes. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

3. AMEND– Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our health care team, is not part of the information kept by our facility, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your records.

4. ACCOUNTING– Obtain an accounting of disclosures of your health information. The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations.

5. CONFIDENTIAL– Request communication of your health information by alternative means or locations.

6. REVOCATION– Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our office. This complaint must be sent in writing to The Practice, ATTN: Privacy Officer. All complaints must be made in writing. You will not be penalized for filing a complaint.

**Allergy & Asthma Care
10787 Nall Ave
Ste 200
Overland Park, KS 66211**

If you have questions about this notice, please contact us at (913) 491-3300.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

We understand that information about you and your health is personal. Allergy & Asthma Care, PA is committed to protecting the privacy of your information. Each time you visit us, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice, whether made by our personnel or your physician.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

OUR RESPONSIBILITIES

Our primary responsibility is to safeguard your personal health information. We must also give you this notice and we must follow the terms of the notice currently in effect.

Changes to this notice. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. A copy of the current notice in effect will always be available to you at our front desk.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use your health information within our practice and disclose your health information to person or entities outside of our practice. We have not listed every use or disclosure within the categories, but all uses and disclosures will fall within one of the following categories.

WITH YOUR WRITTEN ACKNOWLEDGEMENT OF OUR PRIVACY PRACTICES:

In compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain in writing, your acknowledgement of receipt of our Notice

of Privacy Practices. The Notice and Acknowledgement are necessary to allow us to use your health information within our practice and to disclose your health information outside of our practice.

Treatment - We will continue to call you by your first and last name from our waiting room. We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of your medical needs. This also includes the coordination or management of your health care by disclosing

information to other physicians who may be treating you. **Payment**—We may use and disclose health information about you so the treatment and services you receive at our facility may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations—We may use and disclose health information about you for health care operations, including quality assurance measures; granting medical staff credentials to physicians; administrative activities, including Allergy & Asthma Care's financial and business planning and development; customer service activities, including investigation of complaints; and certain marketing activities, etc. These uses and disclosures are necessary to operate our health care facility and make sure all of our patients receive quality care.

Business Associates—There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, etc. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract that states they will appropriately safeguard your information.

Appointment Reminders—We may use and disclose health information to contact you as a reminder that you have an appointment at our facility.

INDIVIDUALS INVOLVED IN CARE/PAYMENT

We may disclose health information about you to a friend or family member, who is involved in your medical care, unless you tell us in advance not to do so. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about

your condition, status and location.

WITH YOUR SPECIFIC WRITTEN AUTHORIZATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you. Some typical disclosures that require your authorization are as follows:

DRUG & ALCOHOL ABUSE

We will disclose drug and alcohol treatment information about you only in accordance with the federal Privacy Act. In general, the Privacy Act requires your written authorization for such disclosures.

MENTAL HEALTH INFORMATION

We will disclose mental health treatment information about you only in accordance with state law. In most cases, state law requires your written authorization or the written authorization of your representative for such disclosures.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

The following disclosures of your health information are permitted by law without any oral or written permission from you:

ORGAN AND TISSUE DONATION— If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS— If you are a member of the armed forces, we may release health information about you as required by military command authorities.

WORKERS COMPENSATION— We may release health information about you for worker's compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.

AVERTING SERIOUS THREAT—We may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

PUBLIC HEALTH ACTIVITIES— We may disclose health

information about you for public health activities. These generally include the following: To prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications, problems with products or other adverse events; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse (including elder abuse), neglect or domestic violence. We will only make this last disclosure if you agree or when required or authorized by law. **HEALTH OVERSIGHT ACTIVITIES**— We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES— If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena; discovery request or other lawful process by someone else involved in the dispute. We would only disclose this information if efforts have been made to tell you about the request to allow you to obtain an order protecting the information requested.

LAW ENFORCEMENT—We may disclose health information if asked to do so by law enforcement officials for the following reasons: 1. In response to a court order, subpoena, warrant, summons or similar process. 2. To identify or locate a suspect, fugitive, material witness or missing person. 3. About a victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement. 4. About a death we believe may be the result of a criminal conduct. 5. About criminal conduct at our facility. 6. In emergency circumstances to report a crime, the location of the crime and victims, or the identity, description of location of the person who committed the crime.

CORONERS AND MEDICAL EXAMINERS— We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral home directors as necessary to carry out their duties.

NATIONAL SECURITY— We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities (con't...)