

PRIVACY POLICY OF ALLERGY CARE CENTER

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

We intend to abide by the Final Privacy Rule Part 164 of the HIPAA regulations regarding your **Protected Health Information**, hereafter abbreviated as **PHI** . The term PHI refers to your medical records, billing and payment records, your name, address, date of birth, Social Security number, payment history, the name of your health plan and account number, and other data that identifies you.

We are permitted by law to disclose **PHI** to you and to anyone who needs it to carry out treatment, payment, or health care operations according to §164.506. We will require you to sign an Authorization to release **PHI** for most uses unrelated to treatment, payment, and health care operations according to §164.508. We will retain your Authorization and provide you a copy if you wish to have it per §164.5300) . You may revoke your Authorization in writing per §164.508(b)(5). Unless you object, we may disclose **PHI** to a family member, other relative, or a close personal friend or other person identified by you who is relevant to your care or payment related to health care per §164.508(b)(1)(i) .

We may disclose limited **PHI** for disaster relief purposes per §164.510(b)(3)

In certain instances described below we may disclose PHI Required by law per §164.512(a) entities including but not limited to

- Public Health activities §164.512(b)
- Victim of abuse, neglect, or domestic violence
- Reportable diseases
- Adverse events to medicines
- Work related injuries may be reported to OSHA or to your employer
- Criminal investigations
- Orders by the court of law
- Organ donation data
- Coroner requests
- Certain military or veterans activities

We may use your **PHI** to contact you for appointment reminders or health information we believe will be of interest to you per §164520(b)(1)(iii)(A).

You have rights to

- Request restrictions on uses and disclosures. We are not required to agree with the restrictions per §164.520(b)(1)(iv).

- Receive confidential communications of **PHI** per §164.522(b).
- Inspect and copy **PHI** per §164.524.
- Request amendments to **PHI** by submitting the desired changes in writing as provided by §164.526.
- Receive an accounting of disclosures of **PHI** per §164.528.
- Receive a copy of the notice of privacy policy.

You may complain if you believe your privacy rights have been violated. You may call 479-521-3363 and ask to speak to the Office Manager . We will not retaliate against you for filing a complaint . You may complain directly to the Secretary of Health and Human Services.

We have a legal obligation per §164.520(b)(v) to

- Maintain the privacy of your **PHI**.
- Abide by the terms of the notice in the same manner that you received this one.

Details of the HIPAA Privacy Rule are available in the Federal Register at your public library.

Allergy Care Center
Phone 479-521-3363
www.allergy-care-center.com

You may view our Privacy Policy on our website.

The effective date of this Privacy Notice is April 14, 2003.