

Allergy & Asthma Care of Florida

Notice Of Privacy Practices

IMPORTANT: THIS NOTICE DESCRIBES YOUR RIGHTS AS A PATIENT AND HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED.

PLEASE REVIEW THIS NOTICE CAREFULLY.

The terms of this Notice of Privacy Practices apply to Allergy and Asthma Care of Florida and are effective April 14, 2003. This organization and its employees will share individual patient health information as is necessary to provide quality health care and receive reimbursement for those services as permitted by law. This office is required by law to maintain the privacy of our patients' individual health information and to provide patients with notice of privacy practices with respect to your individual health information. We reserve the right to change the terms of this Notice of Privacy Practices as necessary. A copy of any revised notices will be available in this office, or, upon request to Allergy and Asthma Care of Florida 1740 SE 18th Street, Suite 1002; Ocala, Florida 34471 Attention: Privacy Officer, a copy may be mailed to your address maintained on file.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Except as described below, this office will maintain the confidentiality of your individual health information. Your individual health information may be used and disclosed as customary and reasonable for purposes of treatment, payment, and healthcare operations and pursuant to a signed authorization form permitting the use or disclosure. You have the right to revoke that authorization in writing unless any action has been taken in reliance on the authorization.

Treatment, Payment, and Health Care Operations

Except as otherwise provided, or with your signed consent, this office will use and disclose your individual health information as necessary for purposes of treatment, payment, and as necessary and permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc.

Family and Friends

With your approval and using our best judgment, individual health information may be disclosed to designated family, friends, and others who are involved in your care or in payment of your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited individual health information with such individuals without your approval.

Business Associates

At times it may be necessary for us to provide your individual health information to certain outside persons or organizations that assist us with our health care operations, such as auditing, accreditation, legal services, etc. These business associates are required to properly safeguard the privacy of your information.

Fundraising/Marketing

This office may use (or release to an office-related foundation) certain information such as your name, address, department of service, and treatment dates for fundraising. If you do not want to be contacted for fundraising efforts, notify this office's Privacy Official. This office will not use your health information to contact you for marketing purposes or sell your health information without your written permission.

Appointments and Services

This office may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding communications of your individual private health information from us by alternate means or at alternate locations. You may request such confidential communication in writing and may send your request to our office. You also have the right to request that we do not send you any marketing materials and we will use our best efforts to honor such a request. You may request this by sending us a letter in writing.

Research

This office may use and disclose your health information to researchers for research with your signed prior authorization. Health information regarding deceased individuals can be released without authorization under certain circumstances.

Other uses and disclosures of your individual health information, permitted or required by law, may be made without your consent or authorization.

- ❑ The release of your individual health information for any purpose required by law;
- ❑ The release of your individual health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- ❑ The release of your individual health information as required by law if we suspect child abuse or neglect; we may also release your individual health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- ❑ The release of your individual health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;

- ❑ The release of your individual health information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;
- ❑ The release of your individual health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- ❑ The release of your individual health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- ❑ The release of your individual health information to coroners and/or funeral directors consistent with law;
- ❑ The release of your individual health information if necessary to arrange an organ or tissue donation from you or a transplant to you;
- ❑ The release of your individual health information if you are a member of the military as required by armed forces services; we may also release your individual health information if necessary for national security or intelligence activities; and
- ❑ The release of your individual health information for your workers' compensation benefit determination.
- ❑ The release your health information to authorized national security agencies for the protection of certain persons or to conduct special investigations.
- ❑ The release of your health information to a correctional facility or law enforcement official if you are an inmate so they may provide your health care or protect the health and safety of you or others.

YOUR RIGHTS

1. *Access to Individual Health Information.* You have the right to inspect and obtain a paper or electronic copy of the individual health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. By law, we may charge you \$1.00 per page, up to 25 pages, and \$.25 per subsequent page, if you request a copy of the information. We may also charge for postage if you request a mailed copy and may charge for preparing a summary of the requested information if you request such a summary. You may request an access request form from the receptionist.
2. *Amendments to Individual Health Information.* You have the right to request in writing that individual health information that we maintain be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing and signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment/correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may request an amendment request form from the receptionist.

3. *Accounting for Disclosures of Individual Health Information.* You have the right to request restrictions on uses and disclosures of your individual health information. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to our office. You have the right to request a (free) list of disclosures this office has made of your health information. You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003. If you request more than one accounting in a 12-month period, this office may charge you for the cost of the list. You will be informed of the cost, and you may withdraw or change your request before the copy is made. You have the right to restrict disclosure of your health information to a health plan if you choose to pay out-of-pocket in full for the services at the time they are provided.
4. *Right to Request Confidential Contacts:* You have the right to request to be contacted by our office in a certain way, such as by mail. You must specify how you wish to be contacted; this office will try to accommodate reasonable requests.
5. *Right to a Copy of This Notice.* You have the right to a paper or electronic copy of this Notice, which is posted and available at each location where medical services are provided and is also posted on our website.
6. *Right to be Notified.* This office will notify you if your unsecured health information is breached.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with our office. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Additional Information. If you have questions or need additional information regarding this Notice, you may contact the Privacy Officer of Allergy and Asthma Care of Florida at 352-622-1126.