



# Notice of Privacy Practices

(HIPAA Form)

## Allergy Asthma & Immunology, PC

**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.**

This Notice of Privacy Practices (the “*Notice*”) tells you how we may use and disclose your protected health information (“*medical information*”) and your rights and our obligations regarding the use and disclosure of your medical information. This Notice applies to the practitioners and employees of Allergy Asthma & Immunology (the “*Clinic*”).

**The Clinic reserves the right to revise** this Notice. The most current version is available in the Clinic and on the website or otherwise at your request. Revisions may result from new federal and local regulations.

**The Clinic is obligated** by law to do the following.

- Maintain the privacy of your medical information, as required by federal and local regulations.
- Hand you this Notice explaining our legal duties and privacy practices about your medical information.
- Notify impacted individuals following a breach of unsecured medical information.
- Follow the terms of the current version of this Notice.

**The Clinic may use and disclose medical information about you** in certain situations. Some may not routinely require your authorization. The following categories describe the different reasons that we typically use and disclose medical information. These categories are general descriptions only, rather than a list of every possible instance in which we may use or disclose your medical information. Disclosure may be in oral, paper, digital, or other formats.

• **Treatment** We may use and disclose medical information about you to provide you with health care treatment and related services, including coordinating and managing your health care. We may disclose medical information about you to physicians and other health care personnel who are involved in providing health care to you (both within and outside of the Clinic). For example, should your care require referral to or treatment by another physician of a specialty outside of the Clinic, we may provide that physician with your medical information in order to aid the physician in his or her treatment of you.

• **Payment** We may use and disclose medical information about you so that we may bill and collect from you, an insurance company, or other third party for the health care services we provide. This may also include the disclosure of medical information to obtain prior authorization for treatment and procedures from your insurance plan. For example, we may send a claim for payment to your insurance company, and that claim may have a code on it that describes the services that have been rendered to you. If, however, you pay for a service in full out of pocket and request that we not disclose to your health plan the medical information solely relating to that service, as described more fully later in this Notice, we will follow that restriction on disclosure unless required by another regulation.

• **Health Care Operations** We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to operate and manage our practice and to promote quality care. For example, we may need to use or disclose your medical information in order to assess the quality of care you receive or to conduct certain cost management, business management, administrative, or quality improvement activities or to provide information to our insurance carriers. For example, utilization review may be needed to evaluate whether appropriate levels of services are practiced.

• **Credentialing and Peer Review** We may need to use or disclose your medical information in order for us to review the credentials, qualifications, and actions of health care practitioners.

• **Treatment Alternatives** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that we believe may be of interest to you.

• **Appointment Reminders and Health Related Benefits and Services** We may use and disclose medical information to contact you (for example but not limited to sending a text message) to provide appointment reminders and other information. We may use and disclose medical information to tell you about health-related benefits or services that we believe may be of interest to you. Information that is judged by the Clinic to be negligible risk of privacy infringement (for example but not limited to leaving a recorded message confirming normal test results) may be recorded. Any other information will have a message to contact the Clinic for communication of the information. Messages might be sent by text, email, or similar means if previously agreed or if meeting the standards of being judged by the Clinic to be negligible risk of privacy infringement.

- **Business Associates** There are some essential services (such as billing, computer, or legal services) that may be provided to or on behalf of our Clinic through contracts with business associates. When these services are contracted, we may disclose your medical information to our business associate so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to safeguard your information appropriately.
- **Individuals Involved in Your Care or Payment for Your Care** We may disclose medical information about you to a friend or family member who is involved in your health care, as well as to someone who helps pay for your care, but we will do so only as allowed by state or federal law (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization.
- **Otherwise Required by Law** We will disclose medical information about you when required to do so by any other federal and local regulations not already listed here.
- **Avert Imminent Threat of Injury to Health or Safety** We may use and disclose medical information about you when necessary to prevent or decrease a serious and imminent threat of injury to your physical, mental or emotional health or safety or the physical safety of another person. Such disclosure would only be to medical or law enforcement personnel.
- **Organ/Tissue Donation** If you are an organ donor, we may use and disclose medical information to organizations that handle organ/tissue procurement, transplantation, and storage.
- **Education and Research** We may use or disclose your medical information for research purposes without authorization only in limited circumstances. Research personnel may not directly or indirectly identify a patient in any report of the research or otherwise disclose identity in any manner. Additionally, a special approval process will be used for research purposes. For example, we may use or disclose your information to an Institutional Review Board or other authorized privacy board to obtain a waiver of authorization under HIPAA. Additionally, we may use or disclose your medical information for research purposes if your authorization has been obtained when required by law, or if the information we provide to researchers is “de-identified.” Medical personnel in training at the Clinic may operate like regular personnel in handling medical information.
- **Military and Veterans** If you are a member of the armed forces, we may use and disclose medical information about you as required by the appropriate military authorities.
- **Workers’ Compensation** We may disclose medical information about you for your workers' compensation or similar program. These programs provide benefits for work-related injuries. For example, if you have injuries that resulted from your employment, workers’ compensation insurance may be responsible for payment for your care, in which case we might be required to provide information to the insurer or program.
- **Public Health Risks** We may disclose medical information about you to public health authorities for public health activities. As a general rule, we are required by law to disclose certain types of information to public health authorities. The types of information generally include information used in the following ways.
  - To prevent or control disease, injury, or disability (including the reporting of a particular disease or injury).
  - To report births and deaths.
  - To report suspected child abuse or neglect.
  - To report reactions to medications or problems with medical devices and supplies.
  - 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, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
  - To provide information about certain medical devices.
  - To assist in public health investigations, surveillance, or interventions.
- **Health Oversight Activities** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, civil, administrative, or criminal investigations and proceedings, inspections, licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain governmental benefit programs, certain entities subject to government regulations which relate to health information, and compliance with civil rights laws.
- **Legal Matters** If you are involved in a legal dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or disclose your medical information, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for medical services.
- **Law Enforcement, National Security, Intelligence Activities** In certain circumstances, we may disclose your medical information if we are asked to do so by law enforcement officials, or if we are required by law to do so. We may disclose your medical information to law enforcement personnel, if necessary to prevent or decrease a serious and imminent threat of injury to your physical, mental or emotional health or safety or the physical safety of another person. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Coroners, Medical Examiners, Funeral Homes** We may disclose your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about our patients to funeral homes as necessary to carry out their duties.
- **Inmates** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the health care personnel of a correctional institution as necessary for the institution to provide you with health care treatment.
- **Marketing of Related Health Services** We may use or disclose your medical information to send you treatment or healthcare operations communications concerning treatment alternatives or other health-related products or services. We may provide such communications to you in instances where we receive financial remuneration from a third party in exchange for making the communication only with your specific authorization unless the communication is made face-to-face, consists of a promotional gift of nominal value from the Clinic, or is otherwise permitted by law. If the marketing communication involves financial remuneration and an authorization is required, the authorization must state that such remuneration is involved. We will not
- **Highly Confidential Information** Special categories of medical information are recognized as highly confidential. The Clinic's scope of practice does not commonly handle these categories. Rare exceptions might include instances of HIV testing, genetic testing, and abuse/neglect.
- **Marketing and Sale of Medical Information** Most uses and disclosures of medical information for marketing purposes and disclosures that constitute a "sale of medical information" under HIPAA require your authorization.

**Your health information rights** are summarized as follows.

- **Right to Inspect and Copy** Under most circumstances, you have the right to inspect or copy medical information in our possession. To do so, you must submit your written request to the Clinic's HIPAA Officer as listed at the end. We may charge a nominal fee for the costs of copying, mailing, or supplies associated with your request. Most of the medical information kept by the Clinic is in digital format. If you request a digital copy of this information, then we will provide you with the requested medical information in the format requested, if it is readily producible in that format. If it is not readily producible as requested, then we will provide access in a readable format as agreed to by the Clinic and you.
- **Limitations on Inspecting and Copying** In certain limited circumstances mandated by law, we may deny your request to inspect or copy your medical information. We will give you any such denial in writing. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.
- **Right to Amend** If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You may request an amendment for as long as the information is kept by the Clinic. To request an amendment, your request must be in writing and submitted to the HIPAA Officer listed at the end. In your request, you must provide a reason why you want this amendment. If no reason supports the request, we may deny your request for an amendment. In addition, we may deny your request if you ask us to amend information that was not created by us, is not part of the medical information kept by the Clinic, is not part of the medical information that you would be permitted to inspect and copy, or is accurate and complete.
- **Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures" of your medical information. This is a list of the disclosures we have made for up to 6 years prior to the date of your request. This does not include disclosures for treatment, payment, or health care operations; disclosures made for your specific authorization; or certain other disclosures. Your request must be in writing to the Clinic's HIPAA Officer as listed at the end. Include the time period, format of the data. A nominal fee to cover the costs of providing the list may be charged.
- **Right to Request Restrictions** You may request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You may also request a restriction or limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Except as specifically described elsewhere in this Notice, we are not required to agree to your request for a restriction or limitation. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. In addition, there are certain situations where we won't be able to agree to your request, such as when we are required by law to use or disclose your medical information. To request restrictions, you must request in writing to the Clinic's HIPAA Officer as listed at the end. In your request, you must specifically tell us what information you want to limit, whether you want us to limit our use, disclosure, or both, and to whom you want the limits to apply.
- **Unintended Consequences of Restrictions** You should be aware that such restrictions may have unintended consequences. Although in most instances we do not have to agree to your request for restrictions on disclosures that are otherwise allowed, if you or another person (other than a health plan) pays on your behalf for a service in full out of pocket, and you request that we not disclose the medical information relating solely to that service to a health plan for the purposes of payment or health care operations, then we will be obligated to abide by that request for restriction unless the disclosure is otherwise required by law. For example, other providers may need to know such medical information (such as a pharmacy filling a prescription). It will be your obligation to notify any such other providers of this restriction. Additionally, such restrictions may impact your health plan's decision to pay for related care that you may not want to pay for out of pocket.

- **Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home, not at work or, conversely, only at work and not at home. To request such confidential communications, you must request how and where you wish to be contacted in writing to the Clinic’s HIPAA Officer as listed at the end. We will not ask the reason for such requests. Accommodating reasonable requests will be on a best effort basis, but complete compliance cannot be guaranteed.
- **Right to a Paper Copy of This Notice** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this Notice, request in writing to the Clinic’s HIPAA Officer as listed at the end.
- **Right to Breach Notification** In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that your medical information has been improperly disclosed or otherwise subject to a “breach” as defined in federal and local regulations.

**You may complain**

to the Clinic if you believe your privacy rights as described in this Notice have been violated. To do so, you may either call or send a written letter. The Clinic will not retaliate against any individual who files a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. Otherwise, if you have any question about this Notice, please contact the HIPAA Officer at the same address or phone number.

Allergy Asthma & Immunology, PC  
 Attn: HIPAA Officer  
 7945 W Sahara Ave Ste 108, Las Vegas, NV 89117  
 702-935-2000

**ACKNOWLEDGEMENT AND REQUESTED RESTRICTIONS**

By signing below, you acknowledge that you have received this Notice prior to any service being provided to you by the Clinic, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below.

If applicable, I hereby request the following restrictions on the use or disclosure of my information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Name: \_\_\_\_\_  
 (Please Print Name)

Patient Date of Birth: \_\_\_\_\_

**SIGNATURES:**

Patient/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable, Legal Representative’s relationship to Patient: \_\_\_\_\_