

Center for Allergy and Asthma Care  
250 Cetronia Road, Ste. 103  
Allentown, PA 18104  
610-841-3890

## **Notice of Privacy Practices**

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

*Center for Allergy and Asthma Care is committed to protecting your information and we encourage you to contact our office first should an issue or question arise.*

Effective Date: 11/01/2006      This notice was revised on 02/14/2018

If you have any questions about this notice or if you need more information, please contact our office. Center for Allergy and Asthma Care, LLC , 250 Cetronia Road, Suite 103, Allentown, PA 18104 , 610-841-3890, Email: [caacpat@ptd.net](mailto:caacpat@ptd.net)

### **About This Notice**

At the Center for Allergy & Asthma Care, we understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of Protected Health Information, to provide individuals with notice of our legal duties and privacy practices with respect to Protected Health Information and to notify affected individuals following a breach of unsecured Protected Health Information. This notice describes in detail how we may use and disclose your medical information.

### **What is Protected Health Information?**

“Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to (1) your past, present, or future physical or mental health conditions, (2) the provision of health care to you, or (3) the past, present or future payment for your health care.

### **How We May Use and Disclose Your Protected Health Information.**

We may use and disclose your Protected Health Information in the following circumstances:

**For Treatment:** We may use or disclose your Protected Health Information to provide you medical treatment or services and to manage and coordinate your medical care. For example, we may share your Protected Health Information with other physicians, health care providers, laboratories or pharmacists who may need the information to provide a service that we do not provide. We may disclose your health information to a family member or personal representative responsible for your care unless you

have instructed us otherwise. If you are available to agree or object, we will give you the opportunity to object prior to making these disclosures.

**For Payment.** We may use and disclose your Protected Health Information so that we can bill for the treatment of services you receive from us and can collect a payment for you, a health plan, or a third party. For example, your health plan may request information before it agrees to make payment for services, reviewing services provided to you for medical necessity and undertaking utilization review activities. We may disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

**For Health Care Operations.** We may use and disclose your Protected Health Information for our health care operations. For example, we may disclose information to members of the medical staff caring for you. We may also disclose your Protected Health Information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.

**Appointment Reminders/Health-Related Benefits and Services.** We may use and disclose your Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to inform you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

**Minors.** We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

**Research.** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or Privacy Board, in compliance with governing law.

**As Required by Law.** We will disclose Protected Health Information about you when required to do so by international, federal, state or local law so long as applicable legal requirements are met for law enforcement purposes.

**Military, Veterans and National Security.** If you are a member of the armed forces, or are involved with military, national security or intelligence activities, or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law. We may also disclose information to appropriate foreign military authority if you are a member of a foreign military.

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose Protected Health Information in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and have not objected, or if your objections have been resolved by a court or administrative order.

**Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities authorized by the law. These oversight activities include for example; the audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Inmates/To Avert a Serious Threat to Health or Safety.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health

Information to the correctional institution or law enforcement official if the disclosure is necessary for the institution to provide you with health care, or to protect your health and safety or the health and safety of others; or the safety of the correctional institution. We may also use this information to prevent a serious threat to your health or safety of others, but only if the information may help to prevent the threat.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

**Abuse, Neglect or Domestic Violence.** We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required by law to make that disclosure.

**Organ and Tissue Donation.** If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation, such as an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Public Health Risks.** We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the FDA for purposes related to the quality, safety or effectiveness of a FDA regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births or deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products that they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Workers' Compensation.** We may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

**Business Associates.** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or consulting services for us. All of our business associates are obligated under contract with us to protect the privacy and ensure the security of your Protected Health Information.

## **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can do so.

**Your Written Authorization is Required for Other Uses and Disclosures.**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization. (1) Uses and disclosures of Protected Health Information for marketing purposes (2) Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our office and we will not longer disclose your Protected Health Information under the authorization. Disclosure that we made in reliance on your authorization before your revoked it will not be affected by the revocation.

**Your Rights Regarding Your Protected Health Information.**

You have the following rights, subject to certain limitations regarding your Protected Health Information

**Right to Inspect or Copy.** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. 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 cost of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request and we will comply with the outcome of the review.

**Right to a Summary or Explanation.** We can also provide you with a summary of your Protected Health Information, rather than the entire record or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as EMR or EHR), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format of your request. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format, or a readable hard copy form will be granted. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get a Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Request Amendments.** If you feel that the Protected Health Information that we have is incorrect or incomplete, you may ask us to amend the information. The request must be made in writing and must explain the reason for your request. In certain cases, we may deny your request for an amendment. If we do deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail or that we only call your work number, not your home number or cell phone number.

**Right to a Paper or Electronic Copy of this Notice.** You have the right to a paper copy of the notice, even if you have agreed to receive this notice electronically. You may request a copy of this notice at any time.

**Changes to This Notice.** We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such an amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all Protected Health Information. You can request a current copy at anytime from our office and it will also be available on our website.

**Complaints.** You may file a complaint with us or with the Secretary of the US Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, send your complaint to the address at the top of this notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, DC 20201 Call (202)619-0257 or toll free (877)363-6775 or go to the website of the Office of Civil Rights, [www.hhs.gov/ocr/hippa/](http://www.hhs.gov/ocr/hippa/) for additional information.