

NOTICE OF PRIVACY PRACTICES

PATIENT NAME: _____ DOB: _____

Scope of our Privacy Procedures

This notice describes the policy practices of all employees of Advanced Allergy & Asthma Centers. We pledge that all of your health information will remain confidential at all times. This notice will tell you about the ways we may use your health information. You are receiving this notice as required by law.

We may disclose your health information under the following circumstances:

- For Treatment* We may use your health information in consulting with nurses, physicians and other providers.
- For Payment* We may disclose your health information to your insurance company to secure reimbursement for services Rendered.
- Appointment Reminders* We may disclose information about you when making or verifying your appointment, this may be on answering machine or in the form of an email or letter.
- Business Associates* We may disclose your health information to outside business associates such as transcription services or collection agencies.
- Individuals involved in Your care or payment of your care* We may disclose your health information to a family member or others who may be responsible for you or to pay for your care.
- As required by law* We will disclose your health information as required by state or federal law.
- Threats to public safety* We may disclose your health information if there is a serious threat to public safety.
- Public Health Risks* We will disclose your health information to prevent or control disease, to report abuse, to report problems with medications, to notify patients of recalls or to notify a person who may have been exposed to disease or another serious medical condition.
- Health Oversight* We may disclose your health information to health oversight agencies. Such activities may include audits, investigations and inspections.
- Legal Issues* We may disclose your health information in response to a court order, subpoena, to locate a witness, a crime victim or any other suspected criminal conduct.

Your Rights Regarding Your Health Information

Authorization Other than purposes listed above the only people to receive your health information are:

Print Person's Name and relation	Print Person's Name and relation
<i>Right to inspect records</i>	You have the right to inspect any clinical or billing date we have about you. There may be a copy fee.
<i>Right to amend records</i>	You have the right to amend or change your records at any time with physician approval.
<i>Right to restrict</i>	You have the right to ask us to restrict use of your information, however, we are not required to agree.

We reserve the right to change this notice at any time

I understand that I have received a copy of the Notice of privacy practices for Advanced Allergy & Asthma Centers as required by HIPAA (Health Insurance Portability and Accountability Act). I understand that only one signature per lifetime is required for any services rendered at Advanced Allergy & Asthma Centers.

Signature: _____ Date: _____

Print Name: _____ Relation to Patient: _____