

*Allergy Institute, P.C*  
**Allergy, Asthma, & Immunology**

**NOTICE OF MEDICAL INFORMATION PRIVACY RIGHTS**

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.

During your treatment at Allergy Institute, P.C., our providers, nurses, and other caregivers may gather information about your medical history and your current health. This notice will explain how such information may be used and shared with others. It will also explain your privacy rights regarding this kind of information.

**Your medical information will be used and disclosed for the following purposes:**

- **Treatment:** We will use your health information to provide, coordinate, and manage your care and treatment. For example, our physician and staff members may share your medical information with another physician for a consultation or referral.
- **Payment:** We will use your health information to receive payment for the services we provide. For example, we will disclose information in order to submit bills and claims to insurance companies and/or Medicare or Medicaid.
- **Health Care Operations:** We will use your health information for certain activities related to the day-today functioning of Allergy Institute, P.C. For example, we may use or disclose information for business associates, quality improvement, and assurance activities, underwriting, other business management and administrative activities, or other health care services.
- **Appointment Reminders:** We will use your health information to send reminders about future appointments and missed appointments. **Please let us know if you do not wish to have us contact you concerning your appointment or if you wish us to use a different telephone number or address.**

**Allergy Institute, P.C. may also use or disclose your information for the following purposes:**

- **Communication with family:** We may disclose, using our best professional judgement, relevant health information to family members, close friends, or any other person you identify who are involved in your care or helping to pay your medical bills.
- **Public Health Risks:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability.
- **To Avert a Serious Threat to Health or Safety:** We may use or disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Law Enforcement:** As required by law, we may disclose health information for law enforcement purposes to include but not limited to: a valid subpoena, court order, warrant, summons, or similar process.
- **Military and Veterans:** As required by law, we may disclose health information if you are a member of the armed forces or separated/ discharged from military services. We may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

• **National Security and Intelligence Activities:** As required by law, we may release health information about you to authorized federal officials for the protection of the President, other authorized personnel, foreign heads of state, intelligence, counterintelligence, special investigations, and other national security activities authorized by law.

• **Workers Compensations:** As required by law, we may disclose health information to comply with laws relating to works compensation or other similar programs established by law.

• **Other Purposes Required by Law:** We may disclose health information to include but not limited to: funeral directors, coroners, medical examiners, correctional institutions, for organ donation, for research purposes, victims of abuse / neglect / domestic violence, judicial and administrative proceedings, health oversight agencies, government programs, and compliance with civil rights laws.

**Other Uses and Disclosures:**

Allergy Institute, P.C. will not use or disclose your medical information for any other way unless you allow us to do so in writing. If you do give us permission to use your medical information for another purpose, you have the right to change your mind and revoke the permission at any time. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified use of your decision.

**Your Privacy Rights:**

Although your health record is a physical property of Allergy Institute, P.C., the information belongs to you. You have the right to:

- Request restrictions on the use and disclosure of your protected health information. **We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.**
- Receive confidential communications concerning your medical condition and treatment. You may request that Allergy Institute, P.C. only contact you at a specific telephone number or mailing address.
- Inspect and copy your protected health information. You must make this request in writing. We will act upon your request within 7-10 business days, and we may charge you a legally acceptable amount for copying costs.
- Receive an accounting of how and to whom your protected health information has been disclosed within the past six years. However, this accounting will only cover disclosures *made after April 14, 2003* and will exclude information for treatment, payment, day to day operations of Allergy Institute, P.C., national security, correctional institutions or to the patient. You must make this request in writing. Your request may not include dates *before April 14, 2003*. We will charge you for the cost of providing the list and will notify you before any costs are incurred.
- Receive a copy of this notice printed OR also available online at [www.allergyinstitutepc.com](http://www.allergyinstitutepc.com)
- Amend or submit corrections to your protected health information. You must make this request in writing. We may deny your request for an amendment for the following reasons:
  - If it is not in writing and/or does not include a reason to support the request.
  - If the information was not created by Allergy Institute, P.C. or not a part of the health information kept by or for our practice.
- If the information is not accurate or complete

If your request is denied, you must write a statement of disagreement with the denial, which will be kept with your medical information.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

**Allergy Institutes, P.C. Duties:**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for the revisions, we will provide you with a revised notice at your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

**Complaints:**

If you feel your medical information privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services listed below, and/or with our clinic contact person also listed below. Filing a complaint will not affect the quality of the services you receive from Allergy Institute, P.C. and you will not be penalized against for filing a complaint.

1. The U.S. Department of Health & Human Services

*Office of Civil Rights*

*20 Independence Avenue, S.W*

*Washington, D.C. 20201*

*(202)619-0257*

*Toll Free :1-877-696-6775*

2. Allergy Institute, P.C.

*Amira Islamagic*

*Privacy Officer / Office Manager*

*(515)223-8622*

**Acknowledge of Receipt of this Notice:**

We request that you sign a form acknowledging you have received a copy of this notice.