

**SAINT CLAIR ALLERGY & ASTHMA CENTER**

**NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE OF THIS NOTICE: SEPTEMBER 1, 2013**

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

**LAW TO REQUIRES SAINT CLAIR ALLERGY & ASTHMA CENTER TO:**

- ❖ Maintain the privacy of Protected Health Information
- ❖ Give you notice of our legal duties and privacy practices regarding Protected Health Information
- ❖ Follow the terms of our notice that is currently in effect

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the confidentiality of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to protect the privacy of health information that identifies you. This type of information is considered protected health information (PHI). We are required by law to provide you with this notice of our legal duties and the privacy practices that we follow in our practice concerning your PHI. By Federal and state law, we must abide by the terms of the notice of privacy practices that we have in effect at the time.

We realized that these laws are complicated, but we must provide you with the following important information:

- ❖ How we may use and disclose your PHI:
- ❖ Your privacy rights with respect to your PHI; and
- ❖ Our obligations concerning the use and disclosure of your PHI

The terms of this Notice of Privacy Practices apply to all records containing your PHI that are created or retained by our practice in relation to the services rendered at our facilities. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective on all your records that our practice has created or maintained for this project in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice from us at any time.

**B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS:**

We may use or disclose your protected health information in any of the following ways without your written authorization. Other uses or disclosures will be made only if you authorize us to do so in writing.

1. **Treatment.** We may use or disclose your PHI to treat you or to assist others in your treatment. For example, we may ask you to have laboratory tests (such as diagnostic tests), and we may use the results to help us reach a diagnosis. We may disclose your PHI to other health care providers, such as your primary physician or a specialist, for purposes related to your treatment, including referrals or consultations. We may use your PHI in order to write a prescription for you, or we may disclose your PHI to a pharmacy when we order a prescription for you. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, parents, significant other.
2. **Health Care Operations.** We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure that the medical care you receive is of the highest quality. We may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.
3. **Payment.** We may use and disclosure PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan carrier information about you so that they will pay for your treatment.

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4. **Appointment Reminders.** We may call you by name in the waiting area when the doctor is ready to see you. We may use or disclose your PHI to contact you and remind you of an appointment.
5. **Treatment Options.** We may use or disclose your PHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** We may use or disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** We may disclose your PHI to a friend or family member who is involved in your care, or who assists in taking care of you. For example, we may disclose your PHI to your spouse, child, and significant other in order to leave a message for you about your treatment. We may disclose your PHI to a friend or family member if we experience problems communicating with you and you appear to consent under the circumstances. We may also notify your family, friends, and significant other about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
8. **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
9. **Business Associates.** We may disclosure PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclosure any information other than as specified in our contract.
10. **Military and Veterans.** If you are a member of the armed forces, we may release PHI as required by military command authorities. We may release PHI to the appropriate foreign military authority if you are a member of a foreign military.
11. **Organ and Tissue Donation.** If you are an organ donor we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transportation.
12. **Workers' Compensation.** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related illnesses.
13. **Law Enforcement.** We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity description or location of the person who committed the crime.
14. **Coroners, Medical Examiners and Funeral Directors.** We may release PHI 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 release PHI to funeral directors as necessary for their duties.
15. **National Security and Intelligence Activities.** We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
16. **Protective Services for the President and Others.** We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations
17. **Disclosure Required by Law.** We will use and disclose your PHI when we are required to do so by federal, state, or local law.

C. **USE AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORAMTION IN CERTAIN SPECIAL CIRCUMSTANCES.**

We may use or disclose your PHI in certain special situations.

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect or receive information for any of the following purposes:
  - o Preventing or controlling disease, injury or disability;

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- Notifying a person regarding potential exposure to a communicable disease;
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
  - Reporting reactions to drugs or problems with products or devices;
  - Investigating child abuse or neglect; or
  - Investigating abuse or neglect of an adult (including domestic violence); however, we will only disclose this information if you agree or we are required or authorized by law to disclose this information.
2. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs; compliance with civil rights laws and the health care system in general.
  3. **Research.** Under certain circumstances, we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose PHI for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.
  4. **Serious Threat to Health or Safety.** Our practice may use or disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
  5. The following uses and disclosure will be made only with your written authorization:
    - (a) Uses and disclosures of PHI for marketing purposes; and
    - (b) Disclosures that constitute a sale of PHI

### D. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Out-of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to your health plan for purposes or payment or healthcare operations and we will honor that request.
3. **Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), 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 PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format requested your record will be provided in either a standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
4. **Requesting Restrictions.** You have the right to request restrictions in our uses or disclosures of your PHI for treatment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order

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to request a restriction in our use or disclosure of your PHI, you must make your request in writing to us. Your request must describe in a clear and concise fashion:

The information you wish restricted

Whether you are requesting to limit our practices' use, disclosure or both; and

To whom you want the limits to apply.

5. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that we maintain in your medical records that may be used to make decisions about you. You must submit your request for access in writing to us. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will review denials.
6. **Amendment.** You may ask us to amend the PHI we maintained in your medical records if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request for amendment. Your request for amendment must be made in writing and submitted to us. We may deny your request if you ask us to amend information that is in our opinion:
  - Accurate and complete
  - Not part of the PHI kept by or for our practice; or
  - Not created by our practice, unless the individual or entity that created the information is not available to amend the information.
7. **Accounting of Disclosures.** You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes other than treatment or health care operations or as you have authorized. Disclosure of your PHI as part of the routine patient care in our practice is not required to be documented, such as a doctor sharing your information with a nurse or another doctor. In order to obtain an accounting of disclosures, you must submit your request in writing to us. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
8. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices.
9. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
10. **Right to Provide an Authorization for other Uses and Disclosures.** We will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization. Please note, however, that we are required to retain records of your care.
11. **Right to Notification of a Breach of PHI.** You are entitled to notification of any unauthorized acquisition, access, use, or disclosure of your unsecured PHI as a result of a security breach.

### E. HOW TO CONTACT US

If you have any questions about anything in this Notice, would like more information about the privacy of your protected health information, or would like to contact us regarding any of your rights or our duties as described in this Notice, please contact:

Saint Clair Allergy & Asthma Center

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please contact the Health and Human Services Department of the U.S. Government or visit [www.hs.gov/ocr/privacy/index.html](http://www.hs.gov/ocr/privacy/index.html).