

Notice of Privacy Practices

Effective: February 1, 2015

Allergy & Environmental Treatment Center, LLC

This notice describes how medical information about you may be used and disclosed at the Allergy & Environmental Treatment Center and how you can get access to this information. Please review it carefully.

Patient Rights

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or operations with your health insurer. We will say “yes” unless a law requires us to share it.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations.

Get a copy of this privacy notice

You can ask for a paper copy of this notice, even if you previously requested an electronic copy.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint if you feel your rights are violated

- You can call our office at 480-634-2985 to make a complaint to our Compliance Office, Sharon Gwozdek, if you feel we have violated your information rights. We will not retaliate for filing a complaint.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling 1-877-696-6775. For certain health information, you can tell us your choices about what we share. You have the right to share information with your family, close friends, or others involved in your care.

Our Uses and Disclosures

Treat you

We can use your health information and share it with other professionals who are treating you.

Run our organization

We use and share your health information to run our practice, provide appointment reminders, and follow-up quality of care.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Worker's Compensation claims

We use your health information for Worker's Compensation claims or other government services.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, law enforcement, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to lawsuits and legal actions

We can share health information about you in response to a court order or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that has compromised the privacy of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

Changes to the Terms of this Notice

We may change the terms of this notice and the new notice will be available in our office and on our web site.

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I have reviewed this notice and understand the uses and disclosure of my protected health information.

Patient Signature: _____ Date: _____