

**Arizona Asthma and Allergy Institute
Notice of Privacy Practices**

**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.**

Arizona Asthma and Allergy Institute (“AAAI”) is dedicated to maintaining the privacy of your protected health information (“PHI”). This Notice will tell you about the ways we may use and disclose PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice as may be in effect from time to time.

We may revise our privacy practices at any time by posting a new notice of our privacy practices in our office in a prominent location, and will be posted to our website. You can request a copy of our most current notice at any time. Revisions to the notice will be effective for all PHI that AAAI maintains: past, present, or future.

We may use PHI for the following purposes without your authorization:

1. **Treatment:** We may use and disclose your identifiable health information to treat you and assist others in your treatment. For instance, we may send a copy of your records to another doctor so that you can be evaluated for a specific condition.
2. **Payment:** We may use your health information to bill and collect payment for services provided. This may include providing your insurance company with the details of your treatment, sharing your payment information with other treatment providers, contacting you over the phone or through the mail about balances, or sending unpaid balances to a collection agency.
3. **Health Care Operations:** We may use and disclose health information to operate our business. For example, PHI may be used to evaluate the quality of care we provide, for state licensing, to identify you by name when you visit the office, or to our doctors, nurses, technicians and staff for educational and learning purposes. We participate in some organized health care arrangements consisting of greater Phoenix metropolitan area hospitals as well as physicians who have medical staff privileges at one or more of these hospitals and may share said information.
4. **Appointment Reminders:** We may use and disclose your information to remind you of appointments. We may communicate with you by any reasonable means to remind you of upcoming appointments.
5. **Treatment Options:** We may use your health information to inform you of treatment options or other health-related services which may be of interest to you.
6. **Business Associates:** We may share your health information with other individuals or companies that perform various activities for, or on behalf of, our office such as after-hours telephone answering or quality assurance. Our Business Associates agree to protect the privacy of your PHI.

We may also use and disclose your health information without your authorization when permitted or required to by law, including:

- For public health activities including reporting of certain communicable diseases.
- For workers’ compensation or similar programs as required by law.
- When we suspect abuse, neglect, or domestic violence.
- For health oversight activities.
- For certain judicial and administrative proceedings.
- For law enforcement purposes.
- To a medical examiner, coroner, or funeral director.
- For organ, eye, or tissue donation purposes if you are an organ donor.
- To avert a serious threat to your health and safety or that of others.
- For governmental purposes such as military or veterans activities or for national security.
- In any other instance required by law.
- For research purposes.

Unless you object, we may use or disclose your medical information in the following circumstances:

- **Individuals Involved in Your Care or Payment for Your Care.** We may use or disclose information to notify or assist in notifying a family member, legal representative, or another person responsible for your care or payment for your care. Information may also be disclosed after your death to a family member, other relative, close personal friend, or other person identified by you, unless this would be inconsistent with your known express preference.
- **Emergency Circumstances and Disaster Relief.** We may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified of your location and general condition. Even if you object, we may still share the medical information about you, if necessary for the emergency circumstances.

You should also know that:

- a. We will not use or disclose your individually identifiable protected health information for “marketing” purposes (as defined by HIPAA) without your prior authorization, other than face-to-face communications to you, and other than promotional gifts of nominal value that we may provide to you.
- b. We will not disclose your individually identifiable protected health information in any non-research related manner that would constitute a “sale” (as defined by HIPAA) without your prior authorization.
- c. If you elect to personally pay for your services “out of pocket” in full, we will agree to any request you make to not bill your health plan or inform them of the services rendered and for which you paid.
- d. Other uses and disclosures of individually identifiable protected health information not described herein will be made only with your authorization.

BELOW IS A LIST OF YOUR RIGHTS REGARDING INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. ALL REQUESTS RELATED TO THESE ITEMS MUST BE MADE IN WRITING TO OUR PRIVACY OFFICER AT THE ADDRESS LISTED BELOW. WE WILL PROVIDE YOU WITH APPROPRIATE FORMS TO EXERCISE THESE RIGHTS. WE WILL NOTIFY YOU, IN WRITING, IF YOUR REQUESTS CANNOT BE GRANTED.

- 1. **Restrictions on Use and Disclosure:** You have the right to request restrictions on how we use and disclose your health information. This includes requests to restrict disclosure of your health information to only certain individuals, or entities, involved in your care such as family members and insurance companies. We are not required to agree with your request, except as provided above if you request us to restrict disclosure to a health plan for payment or health care operations if the PHI relates only to a health care item or service for which you have paid in full. If we agree to restrict a use or disclosure, we are bound to the agreement unless the use or disclosure is otherwise required or authorized by law.
- 2. **Confidential Communications:** You have the right to request that we communicate with you in a particular manner or at a certain location. For example, you may request that we only contact you at home. We will accommodate reasonable requests.
- 3. **Access:** You have the right to inspect or request a copy of records used to make decisions about your health care, including your medical chart and billing records. This office will schedule appointments for record inspection. We may charge a fee for providing you copies of your records. Under special circumstances, we may deny your request to inspect and/or copy your records. You may request a review of this denial in some circumstances.
- 4. **Amendment:** You have the right to request amendments to your health records created by and for AAAI if you feel they are incorrect or incomplete. We may accept or deny your request. If we deny your request, you have the right to provide a statement of disagreement or rebuttal statement.
- 5. **Accounting of Disclosures:** You have the right to receive an accounting of the disclosures. This means you may request a list of certain disclosures AAAI has made of your records. Upon your request, we will provide this information to you one time free during each twelve (12) month period. There may be a fee for additional copies.
- 6. **Copy of Notice:** You have the right to request that we provide you with a paper copy of this Notice of Privacy Practices.

If you have questions about this notice, please contact AAAI’s Privacy Officer at 13965 N. 75th Avenue, Peoria, AZ 85381, by email at M.Plevak@azsneeze.com, or at (602) 843-2991. If you feel your privacy rights have been violated, you may file a written complaint with our office. You may also file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with AAAI, contact our Privacy Officer at the above address. You will not be penalized for filing a complaint.

I have received a copy of this office’s Notice of Privacy Practices.

Printed Patient Name

Name/Relationship if Signed by Individual Other than Patient

Signature

Date

*****FOR OFFICE USE ONLY*****

We attempted to obtain written acknowledgement of receipt of this Notice of Privacy Practices but could not because:

_____ Individual Refused to Sign _____ Communication Barrier _____ Care Provided was Emergent

_____ Other: _____
Employee Name Date