

## NOTICE OF PRIVACY PRACTICES

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

This NOTICE describes how Northern Arizona Allergy, Asthma & Immunology (NAAAI) may use and disclose your protected health information (PHI). It also describes our legal obligations concerning your PHI and your rights to access and control your PHI. This NOTICE was prepared in accordance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

PHI is individually identifiable health information, including actual medical information as well as your name, address, phone number, identification number or other identifiers, collected from you or created by or received by a health care provider, a health plan, your employer or a health care clearing house and that relates to:

- 1) Your past, present, or future physical or mental health or condition.
- 2) The provision of health care to you
- 3) The past, present or future payment of health care provided to you.

We are required by federal and state law to protect the privacy of your health information and to provide you with this NOTICE. We are required to protect the confidentiality of your PHI and will disclose your PHI to a person other than you or your personal representative only when permitted under federal or state law. This protection extends to any PHI that is oral, written or electronic, such as prescriptions transmitted by facsimile, modem or other electronic device. This NOTICE describes how we may use and disclose your PHI. In circumstances, we will obtain your written authorization before we use or disclose your PHI. This NOTICE also describes your rights and the obligations we have regarding the use and disclosure of your PHI. Under federal and applicable state law, we are required to follow the terms of the NOTICE currently in effect. We reserve the right to change this NOTICE at any time. If we make a material change to our NOTICE, we will post a revised NOTICE in our office for your review.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

The following is a description of how we may Use and Disclose your PHI without your permission for treatment, payment or healthcare operations.

**Treatment:** We may use your medical information to provide you with medical services and supplies. We also may disclose your medical information to others including physician's, physician assistants, nurses, technicians, therapists, emergency services, medical transportation providers, medical equipment providers who follow your care and may need information to treat you. We may also use and disclose your PHI for upcoming appointments, treatment alternatives and other health related services available to you.

#### Payment Activities

We may use and disclose your PHI for all functions that are included to receive payment for the medical services and supplies we provide to you. **EXAMPLE:** Your healthcare plan or insurance company may ask for release of medical records for their review prior to paying your claim submitted for treatment/testing that was performed.

**Family Members or Other Involved in Your Care**

We may disclose your PHI to a family member or a friend who is involved in your medical care or to someone who helps to pay for your care.

**Facility Operations**

We may use and disclose your PHI if necessary to improve the quality of care we provide to patients or for daily operations. We may use your PHI to conduct quality improvement activities, to obtain audit, accounting or legal services. **EXAMPLE:** Your PHI may be used to evaluate if office personnel, physicians or other healthcare professionals did a good job.

**Health Oversight Activities**

We may disclose your PHI to government agencies such as the Arizona Department of Health Services (the federal agency that oversees Medicare). We may disclose your PHI to individual insurance agencies who request medical records for review regarding audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative or criminal proceedings or actions.

**Research:**

We may use or disclose your PHI for medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects go through special processes to protect the confidentiality of your PHI.

**Required by Law:**

Federal, state, or local laws sometimes require us to disclose patients' medical information. **EXAMPLE:** We are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases.

**Public Health:**

We may use or disclose your PHI for certain medical information for public health purposes. We may need to report patient problems with medications or medical products to the FDA or may notify patients of recalls of products they are using.

**Military, Veterans, National Security and Other Government Purposes:**

If you are a member of the armed forces, we may release your PHI as required by military command authorities or to the Department of Veterans Affairs.

**Inmates:**

If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or to a law enforcement official for the institution to provide health care to you, for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.

**Judicial Proceedings:**

We may disclose your PHI if ordered to do so by a court or if we receive a subpoena. You will receive advance notice about this disclosure from the attorney requesting your record in most situations so that you will have a chance to object to sharing your PHI.

**Additional Protection:**

Certain types of medical information have additional protection under state or federal law. We are required to get your permission before disclosing PHI information regarding communicable disease, HIV/AIDS, treatment for drug and alcohol abuse, genetic testing, and evaluation/treatment of mental illness.

**Disclosures Requiring Your Authorization:**

We will not sell any of your information to a third party without your written authorization.

**Other Uses and Disclosures:**

If we need to use or disclose your PHI for a purpose that is not discussed in this NOTICE, we will seek your permission. You may take back permission at any time, unless we have already relied on your permission to use or disclose the information. To revoke your permission, please notify the Medical Records department in writing.

**WHAT ARE YOUR RIGHTS?****Right to Request Your Medical Information:**

You have the right to look at your own medical information and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care. Please be aware we may charge a fee to copy your information that is due prior to releasing the records.

If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us in writing to amend your record. Please note that we may deny the request if we did not create the information or if the record is accurate and complete.

You have the right to ask us not to make uses or disclosures of your PHI to treat you, to seek payment for care, or for daily office operations. We are not required to agree to your request, however if we do agree, we will comply with the agreement.

**Concerns or Complaints?**

Please tell us about any problems or concerns you have with your privacy rights or how we use or disclose your PHI. If you have a concern please notify the Privacy Officer in writing.

**Do You Have Any Questions?**

We are required by law to give you this NOTICE and to follow the terms of the NOTICE that is currently in effect. If you have any questions about how we may use and disclose your medical information, please contact Medical Records.