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# Allergy & Asthma of Southern Indiana, P.C.

## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

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### **Our Pledge Regarding Medical Information:**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect January 1, 2003, and was updated September 24, 2013 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we make the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by Allergy & Asthma, our employees and others that are involved in your care and for the purpose of providing health care services to you. Your protected health information may be disclosed to pay your health care bills and to support Allergy & Asthma's operations.

**Treatment:** We may use your medical information to provide you with treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students or other personnel who are involved in your care. We may disclose medical information about you to people outside Allergy & Asthma who may be involved in your medical care, such as family members, other physicians, or others who are providing services that are part of your care.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. For example, we may need to give your health plan information about your treatment received at Allergy & Asthma so your health plan will pay us or reimburse you for the services provided. We may also disclose information to your insurance carrier about treatment that you are going to receive in the future, to obtain prior approval or ensure that they will consider charges submitted by Allergy & Asthma for payment.

**Sales of PHI and Electronic Health Records:** The Plan or any of its Business Associates will not receive direct or indirect remuneration of any type, including financial and nonfinancial benefits, in exchange for any PHI, including Electronic Health Records, unless the Plan or Business Associate obtains an Individual's authorization. The authorization will specify whether the PHI can be further exchanged or sold by the entity receiving the information.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Business Associates:** We contract with outside organizations, called business associates to perform some of our operational task on our behalf. Examples would include claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, legal, accounting, consulting, data aggregation, IT management, administrative, or financial services.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders for treatment, annual exams or prescription refills. Examples of ways we may use to contact you are by; voicemail messages, email, postcards, or letters.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services. For example: this may include a new immunotherapy treatment we offer.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**To Avert a Serious Threat to Health or Safety, Abuse or Neglect or Communicable Disease:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. We may disclose your protected health information, if authorized, to a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading the disease or condition. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military, Veterans, National Security and Law Enforcement:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances. We may release medical information to law enforcement if: court ordered, subpoenaed, warrant, summons or similar process. To identify or locate a suspect, fugitive, material witness or missing person or about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement. We may disclose your protected medical information in an emergency circumstance to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

#### **Rights Regarding Your Medical Information:**

**Right to Inspect, Copy and Amend:** You have the right to inspect and copy your health information, with limited exceptions that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable cost-based fee for expenses such as cost of copying, mailing or other supplies associated with your request. You may also request access by sending us a letter to the address at the end of this Notice. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure. If you feel that medical information we have about you is incorrect, you have the right to request and amendment. To request an amendment, your request must be made in writing and submitted to contact information listed at the end of this Notice. We reserve the right to deny your request of an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by Allergy & Asthma, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by Allergy & Asthma; is not part of information with you would be permitted to inspect and copy; or is accurate and complete.

**Right to an Accounting of Disclosure:** You have the right to request an "accounting of disclosures." This is a list of disclosures we have made of your medical information, excluding disclosures for treatment, payment, health care operations, or disclosures you authorized in writing. To request this list or accounting of disclosures, you must submit your request in writing to the contact listed at the end of this notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. When a request for an accounting of disclosures of PHI is received, the Plan will respond within sixty (60) days of receipt. If necessary, this time frame may be extended once for thirty (30) days. The Individual requesting the accounting will be informed in writing, within sixty (60) days of the original request, of the reasons for the delay and the date by which action will be taken upon the request. The first request in a 12-month period will be free. For additional list, we may charge you for the cost of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time, before any cost is incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the ways medical information is used. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, or the payment for your care like your health insurance plan, a family member or friend. For example, you could ask that we not use or disclose information about a shot or treatment that you had or that we not bill your health care insurance for payment of services rendered in your treatment. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restriction, you must make your request in writing to the Contact information listed at the end of this notice. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit or use, disclosure or both; and (3) to whom you want to limits to apply- for example, disclosures to your spouse.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing to the contact at the end of this notice. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Right to a Paper Copy of This Notice:** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**COMPLAINTS:** If you believe that your privacy rights have been violated, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may submit a written complaint to Allergy & Asthma of Southern Indiana, Attention: Tracey Murphy or please call Tracey Murphy at 812-334-1198. You can also file a complaint with the U.S. Department of Health and Human Services. That address can be given to you upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: **Tracey Murphy, Practice Manager**

Telephone: **(812) 334-1198**

FAX: **(812) 334-1199**

Address: **485 S. Landmark Avenue  
Bloomington, IN 47403**