

Hedberg Allergy & Asthma Center, PA

700 S 52nd Street
Rogers, AR 72758
479.464.8887
1585 Rainforest Rd
Fayetteville, AR 72703
479.301.8887

Notice of Privacy Practices Summarized

Our Practice is required by law to follow the practices described in this summary. This is a summary of our Privacy Practices, but does not replace the full version which is available online for view and download at www.hedbergallergy.com. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice applies to personal health information that we have about you and which are Kept in or by our medical practice. Neither this summary nor the full Notice of Privacy Practices covers every possible use or disclosure. If you have any questions, please contact the Privacy Officer for this medical practice.

Who has access to your personal information?

We may use your personal health information to:

Plan your treatment and services. Submit bills to your insurance, Medicaid, Medicare, or third party payer. Obtain approval in advance from you insurance company to determine whether payment for the treatment is covered by your plan or to facilitate payment of a referring physician. Perform healthcare operations such as sharing your information with business associates who need to use or disclose your information to provide a service for our medical practice (such as our billing company). Exchange information with other State agencies as acquired by law. Treat you in an emergency. Treat you when there is something that prevents us from communicating with you. Send you appointment reminders. For certain types or research. When there is a serious public health or safety threat to you or others. To agencies involved in a disaster situation. As required by State, Federal, or local law. This includes investigations, audits, inspections, and licensure. To law enforcement if you are a victim of a crime, involved in a crime at our facility, or you have threatened to commit a crime. To coroners, medical examiners, and funeral homes when necessary for them to do their jobs. When ordered to do so by a court. To Federal officials involved in security activities authorized by law. To the correctional facility if you are an inmate.

Patient's Rights.

As a patient in our practice you have the right:

To ask that we communicate with you about medical matters in a certain way or at a certain location. This must be made in writing.

To inspect and get a copy of your record (with some expectations).

To appeal if we decide not to let you see all or some parts of your record.

To ask for the record to be changed if you believe you see a mistake or something that is not complete. You must make this request in writing. We may deny your request if: We did not create the entry that is wrong; or

-The information is not part of the file we keep; or

-The information is not part of the file that we would let you see; or we believe the record is accurate and complete.

To limit how we use or disclose information about you. For example-not to release information to your spouse or a particular provider agency. This must be made in writing, and we are not required to agree to the request.

To know to whom we have sent information about you for up to the last six years. The first request in a 12 month period is free. We may charge you for additional requests.

To have a paper copy of the Notice of Privacy Practices.

To file a complaint if you believe any of your rights have been violated. All complaints must be in writing. You will not be penalized if you file a complaint.

To tell us (authorize) other releases of your personal information not described above. You may change your mind and remove the authorization at any time (in writing).

If you wish to exercise any of these rights, or to file a complaint, you should contact the Privacy Officer of this medical practice.

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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.

Pursuant to the Health Insurance Portability and Accountability Act of 1996(HIPAA), you have a right to adequate notice of the uses and disclosures of your protected health information (“PHI”) (i.e., information that discloses your identity or leads to disclosure of your identity) that may be made by this medical practice. You are also entitled to notice of your rights and the duties of this practice with respect to your personal health information.

Our mission statement about your Privacy: We respect your right to privacy and understand that your medical information is personal to you. In order to provide medical services to you, we create paper and electronic records about your health and the care we provide. Your personal health information is confidential and this notice is intended to help you understand how our practice uses and discloses your personal health information and what rights you have with respect to your medical information.

Required by Law

Our Practices has the following duties with respect to your personal health information:

- 1) We are required by law to maintain the privacy of your personal health information.
- 2) We must provide you with notice of our legal duties and privacy practices with respect to personal health information.
- 3) We must abide by the terms of the notice of privacy practices that is currently in effect.

How We May Use and Disclose Your Information

The following describes how our practice is permitted by law to share your personal health information with others in order to provide you with medical care. This notice does not describe every use or disclosure our practice makes; it is intended as a General overview.

Medical Treatment. We may need to share information about you in order to provide medical Care to you. For example, we may share information with other physicians, nurses, or healthcare professionals entering information into your medical records relating to your We may share information about you including x-rays, prescriptions and requests for lab work.

Payment We may need to disclose information about the treatment, procedures or care.

Our practice provided to you in order to bill and receive payment for services that We provided. We May

Share this information with you, an insurance company or any third responsible for payment. We may also need to disclose personal health information about you with your health plan and/or referring physician in order to obtain prior authorization for treatment, to determine whether payment for the treatment is covered by your plan or to facilitate payment of a referring physician.

Healthcare Operations: In order to help us run our practice more efficiently and provide better patient care, we may use and disclose your personal health information to Business Associates who need to use or disclose your information to provide a service for our medical practice, such as our billing company or software vendors who provide assistance with data management on our behalf.
[Provide additional examples appropriate to your practice].

Required by Law We will disclose medical information related to you if required to do so by state, federal or local law.

Public Health Activities/Risks Your medical information may be disclosed to a public health authority that is authorized by law to collect or receive such information for public health activities. Certain disclosures may be made for public health activities in the following circumstances:

- 1) To prevent or control disease, injury or disability;
- 2) To report of births or deaths;
- 3) To report child abuse or neglect;
- 4) To report reactions to medications or product defects;
- 5) To notify individuals of product defects;
- 6) To notify individuals of product recalls;
- 7) To notify a person who may have been exposed to a communicable disease or at risk of contracting or spreading a disease or condition;
- 8) If our practice reasonably believes a person is he victim of abuse, neglect, or domestic violence, we may disclose personal health information to the appropriate authority. We will only make this disclosure if you agree to the disclosure or we are required or authorized to do so by law without your permission.

Appointment Reminders or Treatment Alternatives Our practice may use and disclose medical information about you to provide you with reminders that you are due for care or you have an upcoming appointment. We may also wish to provide you the information on treatment alternatives or other health related benefits that may be of interest to you. We may contact you by phone, fax or e-mail. We will make every effort to protect your privacy when leaving a message for you and try to reveal as little confidential information as possible (e.g., when leaving a message on your answering machine that may be heard by others).

Research . Under certain circumstances, our practice may use or disclose your personal health information for research purposes. Our practice cannot use or disclose information about you without your written authorization, but we may if the authorization requirement has been waived by a Review Board who has assessed the effect of the research protocol on your privacy rights and interests and certified that there are adequate controls in place to protect your information from improper use and disclosure. Our practice may also disclose information about you in preparing to conduct research (e.g., to help them find patients who may be qualified to participate in a particular study), but your information will not leave our practice. We will make all attempts to make your information non-identifiable, but we may not always be able to guarantee this. If however, the researcher will have access to information that will identify you, we will seek to obtain your permission (though we cannot guarantee this). We will always obtain your specific authorization if required by law.

To Avert Serious Threat to Health or Safety If our practice believes, in good faith, that a use or disclosure of your medical information is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, we may disclose you medical information.

Worker's Compensation We may release medical information about you for work-related illness or injury for workers' compensation or other related programs.

Health Oversight Activities Your personal health information may be disclosed to federal, state or local authorities as part of an investigation or government activity authorized by law. This may include audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions or other activities necessary for the oversight of the health care system, government benefit programs and compliance with government regulatory programs or civil rights law.

Law Enforcement We may disclose your personal health information to law enforcement individuals if we are required to do so by law. We may also disclose medical information about you in compliance with a court order, warrant or subpoena or summons issued by the court. We will make best efforts to contact you about these types of requests so that you can obtain an order restricting or prohibiting disclosure of the information requested. We may also use such information to defend ourselves in actions or threatened actions that may be brought against our practice.

Coroners, Medical Examiners and Funeral Directors We may release personal health information to a coroner or medical examiner for the purposes of identification, determining cause of death or other duties as authorized by the law. We may also release medical information to funeral directors as necessary to carry out their duties with respect to the deceased.

Organ, Eye, Tissue Donation If you are an organ donor, we may disclose your personal health information to organ procurement organizations, or other entities that facilitate tissue donation or transplantation.

Inmate . If you are an inmate of a correctional institution or within the custody of law enforcement officials, we may disclose medical information about you to allow the institution to provide you with medical care, to protect the health and safety of yourself and others, or for the safety and security of the correctional institution.

Other uses and disclosure will be made only with your written authorization and you may revoke your authorization at any time.

Uses and Disclosures Where We Will Obtain your Written Authorization

Psychotherapy Notes We may only disclose your psychotherapy notes for limited purposes such as carrying out treatment. For other purposes we will obtain your written consent.

Marketing. For most marketing purposes we will obtain your written consent; exceptions include if the product or service is directly treatment related, discussed face-to-face or given as a promotional gift of nominal value.

Uses and Disclosures That You Can Agree or Object To

Others Involved in your Healthcare. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates you to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall allow you to object to future disclosures as soon as reasonably practicable after the delivery of treatment.

Patients Rights

You have the following rights with respect to your personal health information:

Right to Receive Personal Health Information Confidentially You have the right to receive confidential communications of your personal health information by alternate means or at alternate locations. For example, if you would like for us only to communicate with you at home, and never at your workplace or to send information to you on your workplace e-mail, you may request this of our practice. You must make this request in writing but do not need to disclose the reason for your request. We will attempt to accommodate all reasonable requests. Please be specific as to how or where you wish to communicate with you.

Right to Inspect and Copy You have the right to inspect and copy your medical record that has been created to treat you and is used to make decisions about your care. This includes medical and billing records. Records related to your care may also be disclosed to an authorized person such as a parent or guardian upon proper proof of a legitimate legal relationship. You must submit you request in writing to inspect and copy your records. If you would like to copy your records, our practice may charge you fees for the cost of copying records, mail or other minimal costs associated with your request.

Right to Amend If you think there is information in your record that may be inaccurate or incomplete, you have the right to request an amendment or clarification of information in your record. Your request to make an amendment to your record must include the following and may be refused if the following elements are not met:

- 1) Submit your request in writing
- 2) Describe what you would like the amendment to say and your reasoning for why the change should be made.
- 3) The amendment must be dated, signed by you and notarized

Please note that we will not change information created by third parties, if the information is not part of the medical information kept by our practice or we believe the information you have provided to us is inaccurate or incomplete. We reserve the right to deny your request if we have reason to believe the information is accurate.

Right to Restrict Uses and Disclosures You have the right to request restrictions on how our practice makes certain uses and disclosures of your personal health information for treatment, payment or healthcare operations. You may restrict how much information we may provide to family members regarding your treatment or payment for you care. You may also restrict certain types of marketing materials related to your care or treatment. We are not required to agree to your request or we may not be able to comply with your request, but we will do all that we can to accommodate your request. I we agree to your request, we must comply. However, if the information is required to provide emergency treatment to you, we will not comply. Your request must be in writing and include the following:

- 1) What information you would like to limit
- 2) Whether you want to limit our use, or disclosure or both
- 3) To whom you want the limits to apply (e.g., disclosures to parents, children, spouse, etc.)

Right to an Accounting of Uses and Disclosures You have the right to receive an accounting of the disclosures of your personal health information that our practice makes for purposes other than treatment, payment or healthcare operations. All requests must be submitted in writing. All requests must be for disclosures dated **AFTER April 14, 2003**. All requests must state a time period not longer than **six (6) years back**. You must state whether you would like the accounting in electronic or paper form. One request in a twelve-month period will be provided to you at no charge. We may charge you a fee for all additional requests within a twelve-month period. We will notify you as the cost of fulfilling your additional request and allow you the opportunity to modify it before fees are due. All requests should be submitted to the reception desk for appropriate processing.

Right to Copy of Notice You have the right to obtain a copy of our notice of privacy practices upon request at any time. Please call us at 479.464.8887 or 479.301.8887 for a copy or ask for a copy at the reception desk. A copy of this policy can be emailed to you or be downloaded from our website at www.hedbergallergy.com if you wish.

Changes to this Notice Our practice is required to abide by the terms of this notice, which is currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all personal health information we already have about you and may obtain in the future. If we change our notice, we will post notice of this change thirty (30) days prior to making the change effective and will be posted in the office and on the practice website. All revised notices will be promptly posted and made available to you in our waiting room. You may also request a current Notice when you visit our office. Changes to our notice will only be effective on the date that is reflected at the bottom of the last page on the revised Notice.

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