

South County | 9701 Landmark Parkway Dr. | Suite 207 | St. Louis, MO 63127 | Phone 314.849.8700 | Fax 314.849.8737 West County  
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Ste. Genevieve | 255 Boderman Ln. | Bloomsdale, MO 63267 | Phone 314.849.8700 | Fax 314.843.8737  
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## **NOTICE OF PRIVACY PRACTICES**

*This notice describes how your medical information may be used and disclosed and how you may gain access to your health information. Please review carefully.*

At Allergy, Asthma & Food Allergy Centers, we are committed to treating and using your protected health information (PHI) responsibly. This Notice of Privacy Practices ("Notice") describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. This Notice has been updated in accordance with the HIPAA Omnibus Rule and is effective March 1, 2013. It applies to all PHI as defined by the federal government.

### **Planned Uses or Disclosures**

We may use or disclose your PHI for any of the purposes described in this section, unless you affirmatively reject or otherwise restrict a particular release. You may direct your objections or restrictions in writing to your physician or to the Privacy Officer of Allergy, Asthma & Food Allergy Centers. Listed are ways that your PHI may be used:

- Plan for your care and treatment
- Communicate with other healthcare providers who contribute to your care
- Serve as a legal document
- Receive payment from you or your insurance provider
- Comply with state and federal laws that require us to disclose your protect health information.

### **Other Uses and/or Disclosures**

You may change or revoke your authorization to disclose your PHI at anytime, in writing. If you choose to do so, we will no longer use or disclose your protect health information from the signature date of your written request.

### **Your Health Information Rights**

Although your PHI is the physical property of Allergy, Asthma & Food Allergy Centers, the information it contains belongs to you.

You have the right to inspect and to receive a copy of your PHI, with certain exceptions by law. If you are requesting copies of your PHI for yourself or by a third party a fee may be applies, as applicable by law.

You have the right to request an amendment to your PHI that you believe is incorrect or incomplete. Your request must be submitted in writing along with the reason. Allergy, Asthma & Food Allergy Centers is not required to agree to this amendment if Allergy, Asthma & Food Allergy Centers did not create the information or if the information is correct and/or complete.

You have the right to obtain an accounting of disclosures of your PHI. You may receive one free accounting every 12 months. If you are requesting more frequent accounting disclosures, a fee may be applied.

You have the right to request your PHI by alternate means (e.g. fax) or alternate locations (e.g. post office box).

You have the right to request your PHI in a paper or a machine readable electronic format.

You have the right to place restrictions to certain uses and/or disclosures of your PHI. In most cases Allergy, Asthma, and Sinus Care Center in not required, by law, to agree to these additional restrictions. If Allergy, Asthma & Food Allergy Centers agrees to your request, Allergy, Asthma & Food Allergy Centers will abide the agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law).

You have the right to revoke your authorization to use or disclose your PHI, except to the extent that action has already been taken. This request must be submitted in writing.

### **Our Responsibilities**

It is our responsibility to maintain the privacy of your PHI.

It is our responsibility to provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain.

It is our responsibility to abide by the terms of the Notice currently in effect.

It is our responsibility to notify you in writing if we are unable to agree to a requested restriction.

It is our responsibility to accommodate reasonable requests you may have to communicate PHI by alternate means or alternate locations.

It is our responsibility to notify you in writing of a breach where your unsecured PHI has been accessed, acquired, used or disclosed to an unauthorized person. "Unsecured PHI" refers to PHI that is not secured through the use of technologies or methodologies that render the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

**We reserve the right to change or make new provisions for all PHI we maintain.** Should information to our Privacy Practices change, such revised Notices will be made available to you. Your PHI will not be used or disclosed without your written authorization, except as described in this Notice.

If you have questions or would like additional information, you may contact:

Allergy, Asthma, and Sinus Care Center | 9701 Landmark Parkway Drive, Suite 207 | St. Louis, MO 63127 | 314-849-8700

*If you believe your privacy rights have been violated, you can file a written complaint with Allergy, Asthma, and Sinus Care Center's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the address. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.*