

## NOTICE OF PRIVACY PRACTICES

**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 IS IMPORTANT TO ALLERGY AND ASTHMA CARE OF BLAKENEY (AACB).**

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### **THIS NOTICE COVERS THE FOLLOWING ENTITIES PROVIDING YOUR CARE:**

All employees, physicians, physician assistants, nurse practitioners, nurses, administrative staff and any other health care professionals providing you care through AACB must abide by this Notice of Privacy Practices. AACB may share your information with these covered entities to help them provide medical care to you.

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### **AACB'S LEGAL DUTY**

AACB is required by applicable federal and state law to maintain the privacy of your health information according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Your health information is anything we have created or received regarding your health or payment received for your healthcare. It includes both your medical records and personal information such as your name, social security, address, and phone number. We are also required to give you the 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 this Notice while it is in effect. This notice 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 made 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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### **HOW WE MAY USE AND DISCLOSURE HEALTHCARE INFORMATION ABOUT YOU**

We use and disclose health information about you for treatment, payment and healthcare operations, for example:

**Treatment.** We may use or disclose your health information to a physician, nurse, or other healthcare professional providing treatment to you. We may also use or disclose medical information to contact you by phone or mail to remind you of treatment or to inform of test results.

**Payment.** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations.** We may use and disclose your health information in connection with our healthcare. 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.

**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 or 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 written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends.** We must disclose your health information to you, as described in the Patient Rights of this Notice. We may disclose your health information to a family member, friend, or any other person to the extent necessary to help with 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 location) 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 our best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

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

**Required by Law.** We may use or disclose your health information when we are required to do so by Law.

**Abuse or Neglect.** 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 the health or safety of others.

**National Security.** We may disclose to military authorities the health information of Armed forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution of law enforcement officials having lawful custody of protected health information of inmate or patients under certain circumstances.

**Appointment Reminders.** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

### **PATIENT RIGHTS**

You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide in a format other than photocopies. We will use the format you request unless we cannot practically do so. 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 will charge you a reasonable cost-based fee for expenses, such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$.10 per page for each page to cover the cost of materials and staff time to locate and copy your health information. If you prefer, we will send a copy of your health information directly to other physicians at no charge.

### **HOW YOU MAY ASK FOR HELP OR COMPLAIN**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Office for AACB Dr. Steven McEldowney, or the Office of Civil Rights at the following addresses:

Dr. Steven McEldowney, Privacy Officer  
Allergy and Asthma Care of Blakeney, PLLC  
8840 Blakeney Professional Drive, Suite 201  
  
Charlotte, NC 28277

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue S.W. Room 509F,  
HHH Building  
Washington, D.C. 20201

**YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.**