

**METROPLEX ALLERGY AND ASTHMA ASSOCIATES
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NOTICE OF PRIVACY PRACTICES

Effective Date: March 24, 2003

Revised: January 1, 2018

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

PROTECTING YOUR PRIVACY

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of Metroplex Allergy and Asthma Associates (the Practice). The Practice is required by law to maintain privacy and confidentiality of your health information, provide you with this *Notice of Privacy Practices*, notify you of your rights to restrict use of this information, notify you if the Practice is unable to agree to a requested restriction, and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice.

Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

YOUR PRIVATE HEALTH INFORMATION (PHI)

Each time you have contact with a healthcare provider for delivery of healthcare; a record of your contact/visit is prepared. This record, maintained in written, oral or electronic format, contains family and personal health history, medications, presenting signs/symptoms, results of examination and tests, diagnoses, treatment and future care. Your medical record is the physical property of the Practice, but you have certain rights to restrict or permit some of the uses or disclosures of the information in your medical record. The Practice, however, has the right to use and disclose the information contained in your medical record in the process of providing treatment, receiving payment and performing other regular healthcare operations such as:

- Documenting and describing the care you received for legal purposes
- Communicating with other healthcare providers who may be involved in your care
- Providing information for government and public health entities responsible for improving public health and welfare
- Evaluating and improving the care you receive and the outcomes achieved

- ❑ Billing and verification of services provided to you
- ❑ Conducting other routine healthcare operations such as quality improvement studies and assessing healthcare provider competence

SHARING YOUR PERSONAL HEALTH INFORMATION (PHI)

We limit who receives information and what type of information is shared. If we receive a subpoena or similar legal process demanding release of any information about you, we will make every effort to either notify you (unless we are prohibited from doing so). Other uses and disclosures of PHI not permitted or required by law or as described under “Examples of Disclosure of Your PHI” (a copy will be provided upon request) will be made only with your written authorization.

You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that the Practice has already taken action in reliance on your prior authorization.

SHARING YOUR PERSONAL HEALTH INFORMATION (PHI) WITH YOUR FAMILY

We will not discuss or release your personal health information with your family members without your written permission. Please write the name(s) and relationship, to the patient, of the individuals you would like to have access to the patients PHI on the Patient Acknowledgement form provided.

YOUR RIGHTS CONCERNING PHI

Except as otherwise provided by law, you have the right to:

- Receive a paper copy of this *Notice of Privacy Practices*
- Receive confidential communications of PHI if a request is submitted to the Practice in writing
- Inspect and copy PHI or records about you in a designated record as long as the information is maintained in the record
- Ask the Practice to amend PHI or records about you if you believe the health information about you is incomplete, inaccurate or not current (the Practice is not required to change the information if it deems it to be accurate)
- Receive a list of disclosures made by the Practice about you for reasons other than for treatment, payment or health care operations
- Request that the Practice restrict uses or disclosures of your PHI. Though the Practice is **not** required to agree to a restriction, to the extent that it does agree with your request, the Practice may not use or disclose the protected PHI in violation of the restriction unless the information is needed to provide emergency treatment, or is otherwise permitted or required by law

The Practice is required by law to abide by the terms of this *Notice of Privacy Practices*, allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice. If you believe your privacy rights have been violated, you may submit a written complaint to the Practice or the Secretary of Health and Human Services describing in detail the manner in which you feel your privacy rights have been violated. The Practice will **not** retaliate against you in any way for filing a complaint with the Practice, or with the Secretary.

For further information regarding PHI, please contact **Chryst Eddins**, Office Manager of Practice, at (972) 566-7576.

EXAMPLES OF DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION

- Healthcare delivery and treatment

Information obtained from you by a physician, nurse, or other healthcare professional is documented in your record and used for the assessment, evaluation, diagnosis, and treatment of your medical condition(s). This information is provided to other healthcare professionals, such as other physicians, specialists, hospital based providers and other healthcare providers following your treatment by Practice.

- Billing and claim payment

Your PHI is utilized to justify the level of care delivered to you and the charges incurred for the services. This information generally accompanies the bill and is sent to our payers and insurance companies.

- Other healthcare operations

The Practice may disclose your PHI to other individuals and businesses in order for the Practice to conduct operations. These business associates are required by the Practice to maintain the same level of privacy as required in this Notice of Privacy Practices. These other businesses include but are not limited to record retention and storage, credentialing and peer review, billing and claims management, medical research, as well as management services organizations, laboratories, free standing diagnostic facilities and legal counsel. The Practice requires all its business associates to agree to appropriately protect the confidentiality of your PHI.

- Reminders and treatment

The Practice may contact you to provide you with information that we feel is useful or helpful to you, based on your PHI. For example, the Practice may contact you (or instruct another physician to whom you have been referred to contact you) to schedule an appointment or as an appointment reminder, to suggest alternative treatments, or to provide you with information on treatments you are already receiving.

- Other Uses and Disclosures

The Practice may also utilize or disclose your PHI in order to communicate with or notify family members, relatives and others responsible for your health in an urgent or life threatening situation. In addition, the Practice may disclose your PHI through other communications and reports required to be made by healthcare professionals such as the public health department, law enforcement, and the FDA where applicable.