

PIKES PEAK

Allergy & Asthma

HIPAA Notice of Privacy Practices

This Notice describes how Protected Health Information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

State and federal laws require us to maintain the privacy of your PHI and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This Notice will take effect on September 23, 2013 and will remain in effect until amended or replaced by us.

It is our right to change our privacy practices provided law permits the change. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all PHI maintained, created and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer. Information on contacting our Privacy Officer can be found at the end of this Notice.

TYPICAL USES AND DISCLOSURES OF PHI

We will keep your PHI confidential, using it only for the following purposes:

Treatment: We may use your PHI to provide you with our professional services. We have established “minimum necessary or need to know” standards that limit various staff members’ access to your PHI according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. PHI about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclosure PHI to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclosure PHI to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of PHI and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclosure your PHI to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: We may use or disclosure your PHI when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your PHI 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. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclosure healthcare information to report problems with products, reactions to medications, products recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your PHI for marketing purposes unless we have your written authorization to do so.

National Security: The PHI of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or any other national security activities, we may disclose it to authorized federal officials.

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TYPICAL USES AND DISCLOSURES OF PHI (continued)

Appointment Reminders: We may use or disclosure PHI to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards or letters.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Access: Upon written request, you have the right to copies of your PHI (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. If you wish to examine or copy your PHI, you will need to submit your request in writing to our Privacy Officer at the address listed at the end of this notice. Copies of each current file will be \$15.00, if only specific pages are needed the charge will be \$.50 per page requested.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your PHI (Records are not kept of routine disclosures made to a professional for treatment and/or payment purposes.). You have the right to a list of instances in which we, or our business associates, disclose PHI for reasons *other than* treatment, payment or healthcare operations. You can request non-routine disclosures going back 6 years. Information prior to that date would not have to be released. (*Example: If you request information on May 15, 2004, the disclosure period would start on April 14, 2003 up to May 15, 2004. Disclosures prior to April 14, 2003 do not have to be made available.*)

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement. (Except in emergencies.) Please contact our Privacy Officer if you want to further restrict access to your PHI. This request must be submitted in writing.

If you have paid for services “out of pocket”, in full and in advance, and you request that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your PHI, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and 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.

HOW TO CONTACT US

Practice Name: Pikes Peak Allergy & Asthma

Privacy Officer: Savannah Peterson

Address: 1710 Jet Stream Drive, Suite 105, Colorado Springs, CO 80921

Telephone: 719.260.1022

Facsimile: 719.260.7790