

**ACADEMY ALLERGY ASTHMA & SINUS, P.C.**

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Effective Date  
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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.**

This Notice describes privacy practices of this facility, including: any health care professional authorized to enter information into your health/medical records; any volunteer group we allow to help while you are receiving care.

**I      Our Duty to Safeguard Your Protected Health Information:**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered "Protected Health Information" ("PHI"). We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. We are required by law to make sure that your PHI is kept private and to give you this Notice about our legal duties and privacy practices, that explains how, when and why we may use or disclose your PHI. Except in specified circumstances; we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. If we discover a breach (as defined in 42 U.S.C. 201 et seq.) of the privacy or security of your PHI, we are required to notify you of the breach.

We must follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we change this Notice, we will post a new Notice in patient registration and/or patient reception. The Notice will contain the effective date on the first page, top right-hand corner. You may request a copy of the new Notice from the staff (*and it will also be posted on our website at [www.academyallergy.com](http://www.academyallergy.com).*) We will also make available a copy of the Notice in effect each time you visit.

**II.      How We May Use and Disclose Your Protected Health Information:**

We use and disclose PHI for a variety of reasons. For certain uses/disclosures, we must get your written authorization. However, the law provides that we may make some uses/disclosures without your authorization. The following section offers more description and examples of our potential uses/disclosures of your PHI.

• **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.** Generally, we may use/disclose your PHI:

**For treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, pharmacy staff, or with a specialist to whom you have been referred. We may also share PHI with health care provider licensing bodies like the Indiana State Department of Health.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicare/Medicaid, a private insurer or group health plan to get paid for services that we delivered to you. Release of your PHI to the state Medicaid agency might also be necessary to determine your eligibility for publicly funded services.

**For health care operations:** We may use/disclose your PHI in the course of our operations. For example, we may use your PHI or your answers to a patient satisfaction survey in evaluating the quality of services provided by our staff, or disclose your PHI to our auditors or attorneys for audit or legal purposes.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home. We may also call your home and leave a message on your answering machine or voicemail. (See Section III about confidential communication.)

**Treatment Alternatives:** We may contact you about possible treatment options or alternatives, or other health-related benefits or services that may interest you.

**Fundraising:** We may contact you to raise money for operations, unless you tell us in writing not to contact you for this purpose.

• **Uses and Disclosures Requiring Authorization:** For uses and disclosures other than treatment, payment and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. You may revoke an authorization, in writing, any time to stop future uses/disclosures. If you revoke your authorization, we will stop using/disclosing your PHI for purposes or reasons covered by your written authorization. You need to understand that we are unable to take back disclosures we have already made with your permission and that we are required to keep our records of the care we provided to you. (See Section VI for instructions for revoking an authorization.) We cannot refuse to treat you if you refuse to sign an authorization to release PHI, unless services provided are solely to create health records for a third party, such as a physical and drug testing for an employer or insurance company; or if treatment provided is research-related and authorization is required for the use of health information for research purposes. We will not use or disclose your PHI for marketing purposes without your authorization.

