



Justin Clark, D.O., F.A.A.A.A.I.

ALL SEASONS ALLERGY & ASTHMA CENTER

Advanced care to help you breathe better... for life.

## 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.

Each time you visit a physician, hospital, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. Your record represents Protected Health Information.

We are committed to treating and using Protected Health Information about you responsibly. We are required by law to maintain the privacy of your health facts and to provide you with the notice of our legal duties and privacy practices. This 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 Protected Health Information. This notice applies to all Protected Health Information, as defined by federal regulations, which is generated by our office.

We reserve the right to change this notice and to make the new provisions effective for all Protected Health Information we maintain from the first date of your health record. The current notice will be posted and include the effective dates.

As a patient of ours, facts about you must be used and disclosed to other parties for treatment, payment, and healthcare operations. The following categories describe examples of ways we use and disclose health information:

**For Treatment:** We may use your health information to provide you with medical treatment or services. We may disclose medical information about you to other health professionals and third parties who contribute to your care (such as doctors, nurses, technicians, or other personnel who are involved in taking care of you) or will be involved with the start of your treatment. In addition, we may disclose medical information to any hospital or other healthcare facility where you may have testing done or to which you may be admitted.

**For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or a third-party payer. For example, we may need to give your insurance company information about your treatment so they will pay us for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it, unless you exercise your right to restrict.\*\*\*

**For Healthcare Operations (Business Associates):** There are some services provided in our office through contracts or agreements with business associates. Examples include but are not limited to a copy service making copies of your health records, e-Prescribing services, a person who provides data transmission services, computer software vendors, and subcontractors that create, receive, maintain or transmit your medical information on behalf of the contracted Business Associate as required by Omnibus HIPAA Rule compliance. When services such as these are contracted, we may disclose your information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information as required by HIPAA regulations.

**For Communication with Family or Friend:** We may release medical information about you to a friend or family member who is involved in your medical care, or who helps pay for your care.

362 Beal Parkway, Suite 105, Fort Walton Beach, FL 32548  
524 West James Lee Blvd, Crestview, FL 32536  
www.allseasonallergy.com  
Telephone: 850-862-3020 | Fax: 850-862-1363

**For Clinical Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**For Marketing/Fundraising:** Our office does not sell your Protected Health Information. Any activity for marketing or fundraising requires your written authorization.

We may also use and disclose medical information to/for the following:

- to remind you that you have an appointment
- to assess your satisfaction with our services
- Food and Drug Administration
- Organ and Tissue Donation Organizations
- Health Oversight Agencies
- Funeral Directors, Coroners, Medical Directors
- Protective Services for the President of the United States
- to notify or assist in notifying a disaster relief entity so that your family can be notified about your health status
- for law enforcement purposes as required by law or in response to a subpoena
- State and Federal agencies acting on behalf of programs, Medicare and/or Medicaid, including state surveyors or auditors for such programs
- Public Health Authorities
- Workers Compensation Agents
- Legal Authorities
- Military Command Authorities
- National Security and Intelligence

#### **YOUR HEALTH INFORMATION RIGHTS:**

Although your health record is the physical property of this office, you have a right to:

**Inspect and Copy:** You have the right to obtain a copy of your Protected Health Information. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We are allowed to charge you for these copies.

**Amend:** If you feel that medical information is incorrect or incomplete, you may ask us to amend (not change) the information. We may deny your request for an amendment; and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request a list of certain disclosures we make of your medical information for purposes other than treatment, payment, or healthcare operations.

**Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. We are not required to agree with your request. If we do agree to the requested restriction, it will be honored with the exception of permitted disclosures, including emergency treatment, public health authority, Food and Drug Administration, work-related injury, and OSHA compliance.

**\*\*\*Restricted Disclosure:** You have the right to restrict disclosure of your personal protected health information to your health plan/insurance company if that information pertains solely to healthcare for which you (or a person on your behalf) paid for the testing or treatment in full, out of pocket. You **MUST** continue to pay out of pocket for subsequent care related to restricted disclosure.

**Genetic Information:** Your genetic information is treated as Protected Health Information. It cannot be used to discriminate against you for the provision of health insurance or for underwriting purposes.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in such a way or at a certain location (for example, at work, or by US Mail). We will grant this request only if it is submitted in writing. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.

**Breach:** You will be notified within sixty (60) days if a reportable breach of your protected health information occurs.

A Paper Copy of this Notice: You may ask us to give you a copy of this notice.

If you have any questions about this notice, please contact our Privacy Officer at this office, telephone number: 850-862-3020.

If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Officer in our office at All Seasons Allergy and Asthma Center, P.A., 362 Beal Parkway, Suite #105, Fort Walton Beach, FL 32548. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You may revoke your permission to use or disclose medical information about you, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

Effective on April 14, 2003  
Updated on September 23, 2013