

## LAKESHORE ALLERGY, PC

# NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003, Revised March 12, 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 IT CAREFULLY.**

### WHO WILL FOLLOW THIS NOTICE

This Notice describes the medical information practices of our office and that of any health care professional or other employee within our practice who is authorized to access information in your chart. All of these persons and entities will follow the terms of this Notice. In addition, these persons and entities may share medical information with each other for treatment, payment or health care operation purposes described in this Notice.

### PRIVACY OF MEDICAL INFORMATION

Medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by our practice, whether made by your doctor or any employee of our practice. However, other medical professionals not associated with us may have different policies or notices regarding their use and disclosure of your Protected Health Information (PHI). You should consult their Notice of Privacy Practices for information about how they may use and disclose your records.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the Notice that is currently in effect; and
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we are permitted to use and disclose medical information without your permission. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories:

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other persons who are involved in taking care of you. We also may disclose medical information about you to people outside our practice that may be involved in your medical care. For example, if we refer you to another physician for treatment, we may provide that physician with medical information about you.
- **For Payment:** We may use and disclose your medical information so that the treatment and services you receive from our practice may be billed, and payment may be collected from you, an insurance company, a third party payer or through a collection agency. For example, we may disclose details about your treatment to your health plan. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose medical information about you to monitor and improve our practice's operations, or the operations of any organized health care arrangement in which our practice participates. For example, we may review information in your records as part of a general effort to improve our efficiency and quality of care. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and hospitals for review and learning purposes. We may combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without compromising your confidentiality.

- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our office.
- **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release your medical information to you or a legal representative, like a power of attorney or a legal guardian. We may also provide medical information to a family member, friend or individual identified by you and acting on your behalf, so long as you do not object and the information is directly relevant to their involvement in your health care. For this purpose, a person acts on your behalf by being involved in the provision and/or payment of your health care.
- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. We may also disclose medical information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our offices. We will ask for your specific permission in advance if a researcher will have access to your name, address or other information that reveals who you are.
- **As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - to report and notify the appropriate government authority if we believe a patient or child has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.
- **Law Enforcement, Lawsuits, Disputes and Worker's Compensation:** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court or administrative order, subpoena, discovery request, warrant, summons or other lawful processes;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct in our practice office or facility;
  - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime; or
  - To comply with worker's compensation for your employer.
- **Funeral Directors, Coroners and Medical Examiners:** We may release medical information to a funeral director, coroner, or medical examiner to permit them to carry out their duties. For instance, it may be necessary to establish a cause of death or to identify a deceased individual.
- **National Security and Intelligence:** We may release your medical information to certain federal authorities, as authorized by law, for intelligence, counterintelligence, and national security purposes.
- **Organ Donation and Research:** If you are an organ donor, we may release your health information to facilitate organ donation and transplantation. We may also release health information, in very limited circumstances, for certain research purposes.

Uses and disclosures that do not fall within the categories listed above will be made only if you provide written authorization.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

- **Minors:** For divorced or separated parents: each parent has equal access to health information about their unemancipated child(ren), unless there is a court order, known to us, that states differently or there is a type of treatment or service where parental rights are restricted.

We can release your information to a family member or friend that is involved in your care if written authorization is given. For example, if a consent has been signed to allow a grandparent to take a child to their appointment, then that person will have access to the child's medical information pertaining to their visit. We request that written authorization be given by a parent or legal guardian for someone else to accompany the child.

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Official or Practice Administrator. Requests will usually be fulfilled within 30 days of receiving the request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. 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. Another person affiliated with our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our practice.

To request an amendment, your request must be made in writing and submitted to our Privacy Official or Practice Administrator. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by us;
- Is not part of the information which you would be permitted to inspect and copy; and
- Is accurate and complete.

If your request is denied we will inform you in writing within 60 days of your request.

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Official or Practice Administrator. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with treatment in an emergency.

To request restrictions, you must make your request in writing to our Privacy Official or Practice Administrator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, such as disclosures to your children or your spouse.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Official or Practice Administrator. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to a Paper or Electronic Copy of This Notice:** You have the right to a paper or electronic copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper or electronic copy of this notice you must make your request in writing to our Privacy Official or Practice Administrator. If you give authorization to receive this notice electronically, we will comply with your request. You may also obtain a copy of this notice at our website: [www.lakeshoreallergypc.com](http://www.lakeshoreallergypc.com)

**COMPLAINTS**

If you feel your privacy rights have been violated, you may file a written complaint with the Privacy Official or Practice Administrator. All complaints must be submitted in writing either by filling out the required paperwork in our office or by submitting your request via mail to our office.

You may also send a written or electronic complaint to the Secretary of the Department of Health and Human Services. The complaint must state the name of the entity that is the subject of the complaint and describe the act or omissions believed to be in violation of law. A complaint must be filed within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, 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 remember that we are unable to rescind any disclosures we have already made with your permission.

**MORE INFORMATION**

If you have any questions about this Notice of Privacy Practices, please contact our practice's Privacy Official or the Practice Administrator at 616-738-4262 or via regular mail at 3290 N. Wellness Dr., Building D, Ste. 180, Holland, MI 49424.

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Printed Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient or Person Completing this Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Completing this Form

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Relationship to the Patient