

VIRGINIA ALLERGY & ASTHMA CENTER PRIVACY NOTICE

www.vaaac.com

Privacy Officer: Sally Mulrooney (804) 527-1190
Effective October 1, 2014

YOUR RIGHTS

When it comes to health information, you have certain rights. This sections explains your rights and our responsibilities to help you.

Get a copy of your medical record. You can request to see or get a copy of your medical record. We will then provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.

Ask us to correct a record. You can ask us to correct health information about you that you think is incorrect or incomplete. However, we may say “no” to your request. We will let you know, in writing, within 60 days.

Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a separate address. We will say “yes” to all reasonable requests

Ask us to limit what we share. You can ask us to not use or share certain health information for treatment or payment. However, we are not required to agree to your request. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment with your health insurer, unless a law requires us to share that information.

Get a list of those whom we have shared your information. You can ask for a list of times that we’ve shared your health information for six years prior to your request date. We will include all disclosures except those about treatment, payment, and other health care operations, and certain disclosures (such as any you asked us to make). We’ll provide one request per year for free but will charge a reasonable fee for additional requests within a year.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your right and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action

File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting us with the information on page 1. You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do.

In these cases, you have both the right and choice to tell us to: Share information with your family, friends or others involved in your care. Share information in a disaster relief situation. *If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious threat to health or safety.*

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In these cases we never share your information unless you give us written permission: Marketing purposes, sale of your information, or most sharing of psychotherapy notes.

OUR USES AND DISCLOSURES

We typically share your information in the following ways:

Treat You: We can share your information with other health care professionals who are treating you.

Run Our Organization: We can use your information to run our practice, improve your care, and contact you.

Bill For Your Services: We can share your health information to bill and get payment from health plans or other entities.

We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues: We can share health information about you for certain situations such as: preventing disease. Helping with product recalls. Reporting adverse reaction to medications. Report suspected abuse, neglect, or domestic violence. Preventing or reducing a serious threat to anyone's health or safety.

Do Research: We can share or use your information for health research.

Comply with the law: We will share information if state or federal law require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation request: We can share health information with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests: We can share health information about you for: workers compensation claims, for law enforcement purposes, health oversight agencies for activities authorized by law, for special government functions such as military or national security.

Respond to lawsuits and legal actions: We can share health information in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.