



Family Allergy and Asthma Center

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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 gain access to this information. Please review it carefully.

If you have questions regarding your privacy rights, please feel free to contact our Privacy Manager.

Protected Health Information (PHI) about you is maintained as an electronic record of your contact or visits for healthcare services in our practice. Specifically, PHI is information about you, including demographics (i.e., name address, phone, etc.) that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations, and other purposes that are permitted or required by law.

Your Rights Under the Privacy Rule

The following is a statement of your rights under the Privacy Rule in reference to your PHI. Please feel free to discuss any questions with our staff or our Privacy Manager.

You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices. We are required to follow the terms of this Notice. We reserve the right to change the terms of our Notice at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you, or you may ask for one at the time of your appointment.

You have the right to authorize other use and disclosure, in writing, of your PHI that is not specified in this Notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes or to sell your PHI. You may revoke any authorization at any time in writing, except to the extent that our practice has already taken an action on the use or disclosures indicated in this authorization.

You have the right to request an alternatives means of confidential communication regarding medical matters (i.e., email, telephone) or an alternative destination (i.e., cell phone, alternative address, etc) designated by you. You must inform us in writing how you wish to be contacted if other then the address/phone number we have on file. We will follow all reasonable requests.

You have the right to inspect and copy your PHI on paper or electronic format. We have the right to charge a reasonable fee for these copies in accordance with professional, state, or federal guidelines.

You have the right to request a restriction of your PHI – You may ask us, in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You have the right to request in writing that we restrict communication to your health plan regarding a treatment or service that you paid for in full, out-of-pocket; we are not permitted to deny this specific type of requested restriction.

This is your copy. You will sign a statement that you received a copy of this notice when you are taken back for your appointment.

You may name the family/friends you wish to share you PHI with at that time.

You have the right to request an amendment to your protected health information for as long as we maintain this information. In certain cases, we may deny your request.

You have the right to request a disclosure accountability, a listing of disclosures we made of your PHI to entities or persons outside our office or not involved in your treatment and health care.

You have the right to receive a privacy breach notice if the practice discovers a breach of your PHI and determines, through a risk assessment, that notification is required.

How We May Use or Disclose Protected Health Information

The following are examples of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

Treatment – We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes coordination or management of your health care with a third party that is involved in your care and treatment. For example, we would disclose your PHI as necessary to a pharmacy that would fill your prescriptions. We will also disclose PHI to other healthcare providers who may be involved in your care and treatment.

Special Notices – We may use or disclose your PHI as necessary to remind you of your appointment. We may contact you by phone or other means to provide results from exams and tests, and to provide information for recommended treatment alternatives. We may contact you to provide information about health-related benefits and services offered by our office for fund-raising activities or with respect to a group health plan, and to disclose information to the health plan sponsor. You have the right to opt out of such special notices.

Payment – Your PHI will be used to obtain payment for your healthcare services. Your health insurance plan may undertake investigative activities before it approves or pays for the healthcare services we recommend such as determining eligibility or coverage.

Healthcare Operations – We may use or disclose your PHI in order to support the business activities of our practice. This includes, but is not limited to, business planning and development, quality assessment and improvement, medical review, legal services, auditing function and patient safety activities.

Health Information Organization – Our practice may elect to use a health information organization or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

Others Involved in Your Healthcare – Unless you object, we may disclose your PHI to a member of your family, a relative, a close friend, or any other person that you identify. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist a family member, personal representative or any other person that is responsible for your care, your general condition, or death. If you are not present or able to agree or object to the use or disclosure of the PHI, your healthcare provider may determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

Other Permitted and Required Uses and Disclosures – We are permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug Administration requirements; research purposes; legal proceedings; law enforcement purposes; coroners; funeral directors; organ donation; criminal activity; military; national security; worker's compensation; when an inmate in a correctional facility; if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

Privacy Complaints

You have the right to complain to us directly by filing a complaint with the Privacy Manager. You may also file a complaint directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.

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