



NORTH TEXAS ALLERGY & ASTHMA ASSOCIATES

Locations throughout Dallas – Specializing in personalized care since 1927

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NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 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.

When you receive treatment from North Texas Allergy & Asthma Associates (“NTAAA”), we receive, create and maintain information about your health, treatment, and payment for services. This record is maintained in written or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnoses, treatment, and future care. Your medical record is the physical property of NTAAA, but you have certain rights to restrict some of the uses or disclosures of the information in your medical record. We will not use or disclose your information without your written authorization (permission) except as described in this notice.

How We May Use and Disclose Your Health Information: We may use and disclose your health information without your authorization for treatment, payment, and health care operation purposes. Examples include but are not limited to:

- Information obtained from you by a physician, nurse or other healthcare professional is documented in your record and used for the assessment, evaluation, diagnosis and treatment of your medical condition(s). This information is provided to other healthcare professionals, such as other physicians, specialists, physical therapists, pharmacists, hospital-based providers and/or other healthcare providers following your treatment by our center.
- Using or sharing your health information with your health plan to obtain payment for services or using your health information to determine your eligibility for benefits in a health plan.
- NTAAA may disclose your PHI to other individuals and businesses in order for NTAAA to perform its day-to-day operations, to evaluate provider performance, to educate health professionals, or for general administrative duties. These other individuals and businesses include business associates such as vendors and/or contractors used for billing and claims management, medical research, disease management, and quality improvement initiatives, as well as management services organizations, laboratories, other free standing diagnostic facilities and legal counsel. NTAAA requires all its business associates to agree to appropriately protect the confidentiality of your PHI.

We may share your health information with our business associates who need the information to perform services on our behalf and agree to protect the privacy and security of your health information according to agency standards.

We may use or share your health information without your authorization as authorized by law, to family or friends involved in your care, or to a disaster relief agency for purposes of notifying your family or friends of your location and status in an emergency.

We may use and disclose your health information without your authorization to contact you for the following activities, as permitted by law and agency policy: providing appointment reminders; describing or recommending treatment alternatives; providing information about health-related benefits and services that may be of interest to you. Using professional judgment, we are permitted to make disclosures if you are present with your agreement or we reasonably infer from the circumstances that you would not object. If you are not present, we may make a professional judgment that certain disclosure is in your best interest.

We may also use and disclose your health information without your authorization for the following purposes:

- For public health activities such as reporting diseases, injuries, births or deaths to a public health authority authorized to receive this information, or to report medical device issues to the FDA;
- To comply with workers compensation laws and similar programs;
- To alert appropriate authorities about victims of abuse, neglect, or domestic violence; if the agency reasonably believes you are a victim of abuse, neglect, or domestic violence we will make every effort to obtain your permission, however, in some cases we may be required or authorized to alert the authorities;
- For health oversight activities such as audits, investigations, and inspections of DSHS facilities;
- For research approved by an Institutional Review Board or privacy board; for preparing for research such as writing a research proposal; or for research on decedents information;
- To create or share de-identified or partially de-identified health information (limited data sets);
- For judicial and administrative proceedings such as responding to a subpoena or other lawful order;
- For law enforcement purposes such as identifying or locating a suspect or missing person;
- To coroners, medical examiners, or funeral directors as needed for their jobs;
- To organizations that handle organ, eye or tissue donation, procurement, or transplantation;
- To avert a serious threat to health or public safety;

- For specialized government functions such as military and veteran activities, national security and intelligence activities, authorized federal officials so they may provide protective services to the President and/or foreign heads of state, and/or for other law enforcement custodial situations;
- For incidental disclosures such as when information is overheard in a waiting room despite reasonable steps to keep information confidential; and
- As otherwise required or permitted by local, state, or federal law.

Additional privacy protections under state or federal law apply to substance abuse information, mental health information, certain disease-related information, or genetic information. We will not use or share these types of information unless expressly authorized by law. We will not use or disclose genetic information for underwriting purposes.

We will always obtain your authorization to use or share your information for marketing purposes, if there is payment from a third party, or for any other disclosure not described in this notice or required by law. You have the right to cancel your authorization, except to the extent that we have taken action based on your authorization. You may cancel your authorization by writing to the privacy officer per below.

Your Privacy Rights: Although your health record is the property of NTAAA, you have the right to:

- Inspect and copy your health information, including lab reports, upon written request and subject to some exceptions. We may charge you a reasonable, cost-based fee for providing records as permitted by law.
- Receive confidential communications of your health information, such as requesting that we contact you at a certain address or phone number. You may be required to make the request in writing with a statement or explanation for the request.
- Request amendment of your health information in our records. All requests to amend health information must be made in writing and include a reason for the request.
- Request an accounting (a list) of certain disclosures of your health information that we make without your authorization. You have the right to receive one accounting free of charge in any twelve-month period.
- Request that we restrict how we use and disclose your health information for treatment, payment, and health care operations, or to your family and friends. We are not required to agree to your request, except when you request that we not disclose information to your health plan about services for which you paid with your own money in full.
- Obtain a paper copy of this notice upon request.

You may make any of the above requests in writing to NTAAA.

Our Duties: Protecting your privacy and maintaining the security of your health information is one of our most important responsibilities. NTAAA is required by law to maintain privacy and confidentiality of your health information, provide you with this **Notice of Privacy Practices**, notify you of your rights to restrict use of this information, notify you if the group is unable to agree to a requested restriction, and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice. We are required to provide you with notice of our legal duties and our privacy practices with respect to your health information. We must maintain the privacy of information that identifies you and notify you in the event your health information is used or disclosed in a manner that compromises the privacy of your health information.

We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the revised notice effective for all health information that we maintain. We will post revised notices on our public website and in waiting room areas. You may request a copy of the revised notice at the time of your next visit.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us by calling 214-369-1901, and you may file a complaint with: DSHS Consumer Services and Rights Protection/Ombudsman Office; and/or Office for Civil Rights, Region VI, U.S. Department of Health and Human Services.

We will not retaliate against you for filing a complaint. We will not use or disclose your health information without your authorization, except as describe in this notice, or as required by law.

For further information regarding PHI, please contact our Privacy Officer at 214-369-1901.

NORTH TEXAS ALLERGY & ASTHMA ASSOCIATES

Conditions of Treatment

You as a patient have the following rights and please know that all of us at North Texas Allergy & Asthma Associates ("NTAAA") respect these rights.

- To know the name of the physician and of the staff responsible for your care.
- To hear from your physician, in a language you understand, your diagnosis, the treatment prescribed for you, the prognosis of your illness, and any instructions required for follow up care.
- To talk openly with your physician.
- To know the reasons why you are given various tests and treatment and who the persons are that administer the tests.
- To know the general nature and inherent risk of any procedure or treatment prescribed for you.
- To change your mind about any procedure for which you have given consent.
- To refuse signing consent of any nature if you feel it has not been explained to you in a manner of which you understand.
- To refuse treatment and to be informed of the medical consequences of this action.
- To expect your personal privacy to be respected to the fullest extent consistent with the care prescribed for you.
- To expect all communications and other records pertaining to your care, including the course of payment for treatment, to be kept confidential.
- To request a consultation or second opinion from another physician.
- To examine your office bill and to receive an explanation of it.
- To have family involved in your care if desired by you the patient.
- To voice any complaints or concerns without fear or intimidation.
- To know that the office is responsible for your care while a patient here, regardless of its relationship with physicians or other independent providers.

As a patient of our practice, we would greatly appreciate it if you would follow these instructions.

- To know and follow office rules and regulations.
- To not bring weapons when you are in our office.
- To limit animals to only certified service animals required for your well-being.
- To cooperate and follow the care prescribed or recommended for you by your physician or other members of your health care team.
- To notify your physician or other members of the health care team if you do not understand your diagnosis, treatment, or prognosis.
- To advise the physician or health care team of any dissatisfaction you may have about your care at the office and expect your concerns to be reviewed and addressed objectively without retribution.
- To accept your financial obligations associated with your care, such as co-pays, deductibles, or whatever your insurance does not cover.
- To be considerate of the rights of other patients.
- To treat the staff and physician with courtesy and respect.
- To be honest and forthcoming with necessary information regarding your health.
- To keep your appointments and if unable to do so inform the office in a timely manner.
- To inform your physician or health care team member if instructions cannot be followed and assist with a more suitable plan.
- To tell your physician or health care team member about past illnesses, hospitalizations, medications and other matters affecting your health.
- To notify your physician or health care team member about changes in your condition.
- To notify the physician or health care team member if treatment or medications do not help.
- To cooperate in observing safety regulations and policies of NTAAA.
- To be considerate and respectful of clinical facilities and equipment, to assure its availability for future patients.
- To assure personal valuables and belongings.
- To inform the office of any changes to insurance or home address.