

ALLERGY & ASTHMA CARE, INC.
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**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.**

If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer, Ms. Sally Bucher at 513-671-6707.

We are required by law to maintain the privacy of your *medical information* (also known as "protected health information" or "PHI"), provide patients with notice of our legal duties and privacy practices with respect to PHI, and to notify you following a breach of unsecured PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. We are required to abide by the terms of this notice that are currently in effect, and are committed to protecting your privacy rights, and will only use or disclose your PHI as permitted by law. This is a formal notice, as required by law, explaining how we may use and disclose your PHI. It also describes your rights to access and control PHI.

1. USES AND DISCLOSURES OF PHI

The following categories describe different ways that we may use and disclose your PHI.

Treatment. We will use and disclose your PHI to provide, coordinate or manage your health care treatment and any related services. This includes the coordination or management of your health care with a third party that may need access to your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you, and we may consult with other health care providers about your treatment.

Payment. Your PHI will be used, as needed, to obtain payment for your health care services. For example, if an insurance company requests a copy in writing of your medical records in order to process or pay a claim, a copy only relevant to that date of service will be provided to your carrier.

Healthcare Operations. We may use and disclose your PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive *quality care* and to operate and manage our organization. For example, this may include measuring and improving quality, evaluation of personnel, conducting training programs, facility accreditation, certificates, licenses and other credentials we need to fully serve you.

Business Associates. We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Others Involved in Your Care. Unless you object, we may disclose, to a member of your family, relative, or close friend or any other person you identify, PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure (for example, in an emergency situation or if you are incapacitated), we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for you or your location, and general condition. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Appointments, Results, Recommended Treatment. We may contact you as a reminder that you have an appointment. We may also contact you with test results. We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Facility Directories. Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.

Emergencies. We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your acknowledgement of our Privacy Practices as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your acknowledgement, but is unable, he or she may still use or disclose your PHI for treatment, payment, and health care operations.

As Required by Law - We may disclose PHI when required to do so by federal, state or local law. If required by law, you will be notified of such disclosures. Some areas that require release include gun shot or stab wounds, and child abuse and neglect.

Public Health - We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, non-accidental physical injuries, reactions to medications (for example, in cooperation with the FDA) or problems with products.

Abuse, Neglect, Domestic Violence – We may use or disclose PHI to report instances of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency.

Health Oversight - We may disclose PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

Legal Proceedings- We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court, subpoena, discovery request of other lawful process, subject to all applicable legal requirements.

Law Enforcement - We may release PHI if asked to do so by a law enforcement official in response to a subpoena, warrant, summons or similar process, subject to all applicable legal requirements. The may include limited information requests for identification and location purposes, information pertaining to victims of crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on our premises, or regarding a medical emergency (not on our premises) where it is likely that a crime has occurred.

Relating to Decedents. We may disclose PHI relating to an individual's death to coroners, medical examiners, funeral directors, and organ procurement organizations.

Criminal Activity - We may disclose PHI, if permitted by federal and state laws, if we believe that this information is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military, National Security, Intelligence – We may release your protected health information if you are a member of the military as required by armed forces services, and also if necessary for national security or intelligence activities,

Worker's Compensation - We may disclose PHI as authorized to comply with worker's compensation laws and other similar legally established programs.

Inmates. We may disclose PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Research - We may use or disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of this PHI.

Other uses and disclosures of your PHI not covered herein or the laws that apply to us will be made only with your written authorization. You may revoke this authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. All requests must be in writing and signed by the patient or his/her parent or legal guardian if a minor. We will charge you reasonable copy costs and postage, if mailed, in accordance with applicable laws. Under federal law, however; you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by submitting a written request to our Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You may make such request in writing to our Privacy Officer. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

You may have the right to have your physician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment and healthcare operations and certain other disclosures exempted by law. You have the right to receive specific information regarding those disclosures that have occurred in the six (6) years prior to the date of your request.

You have the right to be notified of a breach of your unsecured PHI.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. CHANGES TO THIS NOTICE

We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain both before and after the change. Revisions to the notice will be available on request by contacting the office. An updated notice will be posted in the office and our website as soon as possible after the revision.

4. COMPLAINTS AND QUESTIONS

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Ms. Sally Bucher, at 513-671-6707 or in writing at 422 Ray Norrish Dr. Cincinnati, Ohio 45246, for further information about the complaint process.

This notice is effective as of August 1, 2018.