



## **Notice of Privacy Practices**

**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.**

*The Oklahoma Institute of Allergy & Asthma is committed to protecting the privacy of your medical information. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. This notice describes your rights and our legal duties regarding your Protected Health Information (“PHI”). “Protected Health Information” is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. In this notice, we call that protected information, “medical information”.*

## **HOW THIS MEDICAL PRACTICE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION**

**Treatment.** We will use your medical information to treat you. For example, we may disclose your medical information to other doctors, nurses, technicians, medical students, or other members of our staff who are involved in taking care of you or to other care professionals for additional treatment or follow up care such as home health services. We also may disclose your medical information to people outside our medical practice who may be involved in your care such as your family members.

**Payment.** We may use and disclose your medical information to receive payment for our services from you, an insurance company or a third party. For example, we may need to give your health plan information about a procedure we perform at our office so your health plan will pay us or reimburse you for the procedure. 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 your medical information to operate this medical practice. For example, we may use this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also share your medical information with our business associates, such as a billing service, that perform administrative services for us. We have a written contract with each business associate that contains terms requiring them to protect the confidentiality of your medical information.

**Appointment Reminders.** We may use and disclose your medical information to remind you about appointments.

**Sign-in Sheet.** We may use and disclose your medical information by having you sign in when you arrive at the clinic.

**Notification and Communication with Family.** We may disclose your medical information to notify or assist a family member, or another person who is involved in your care unless you ask us not to. In the event of a disaster, we may disclose information to a relief organization, such as the Red Cross, so that they may coordinate these notification efforts. We may also disclose information to someone who pays for your care. If you are unable to agree or object to these disclosures, our health professionals will use their best judgment in communicating with your family and others.

**With Your Authorization.** We may disclose your medical information for purposes not described in this notice or otherwise permitted by law only with your written authorization. You may revoke an authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization. Revocations should be delivered to the Clinic Privacy Officer.

**Required by Law.** We may use and disclose your medical information when required to do so by law, but only to the extent and under the circumstances provided in that law.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Public Health and Safety.** Your medical information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability; to report birth defects or infant eye infections; to report cancer diagnoses and tumors; to report child abuse or neglect or child born with alcohol or other substances in its system; to report reactions to medications or problems with products; to notify you of recalls of products you may be using; to notify the Oklahoma State Department of Health that a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, syphilis, or other sexually transmitted diseases; or to notify the appropriate governmental authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, if the victim agrees to our reporting or if we are required to do so by law. Your medical information may be disclosed to appropriate persons in order to prevent or lessen a serious and imminent threat to you or to the health and safety of a particular person or the general public.

**Specializing Government Functions.** We may disclose your medical information for military or national security purposes, national intelligence, protection of the President, or to correctional institutions or law enforcement officers that have you in their lawful custody.

**Military.** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

**Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.

**Coroners/Funeral Directors.** We may disclose your medical information to coroners in connection with their investigations of death or to funeral directors to enable them to carry out their lawful duties.

**Organ or Tissue Donation.** We may disclose your medical information to organizations involved in procuring, banking or transplanting organs, eyes and tissues, as necessary to facilitate organ, eye or tissue donation or transplantation.

**Workers' Compensation.** Your medical information may be used or disclosed as required by law related to workers' compensation.

**Law Enforcement.** Your medical information may be disclosed to law enforcement authorities to identify or locate suspects, fugitives or witnesses, or victims of crime (with your consent in some circumstances) and to report possible deaths caused by criminal activities or to report crimes on the premises.

**Research.** We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information and has approved the research.

**By Oklahoma law we are required to notify you that your medical information used or disclosed as described in this Notice of Privacy Practices may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).**

## **YOUR MEDICAL INFORMATION**

### **You have the right:**

-To receive a paper copy of this *Notice of Privacy Practices*.

-To request restrictions on certain uses and disclosures of your medical information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision. If we agree to a restriction, we may disregard it if the information is needed to provide you emergency treatment.

-To request that you receive medical information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted.

-To review and obtain an electronic or paper copy of your medical information, with limited exceptions defined by law.

-To receive an accounting of disclosures made of your medical information by this medical practice unless the disclosures were for purposes of treatment, payment, health care operations, certain government functions, or pursuant to your written authorization.

### **Contact:**

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact the Privacy Officer. 405-607-4333 Ext. 119

**Changes to this Notice:** We reserve the right to change or amend this *Notice of Privacy Practices* at any time in the future. After an amendment is made, the revised *Notice of Privacy Practices* will apply to all protected health information that we maintain. A copy of any revised *Notice of Privacy Practices* will be made available to you at each appointment.