

Southwest Allergy and Asthma Associates, P.A.

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HIPAA 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 CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry our treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" 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 health care services.

1. **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:** Your PHI may be used and disclosed by your physician, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care service to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination of management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you or to a physician to whom you have been referred or to a laboratory to ensure that the physician or laboratory have the necessary information to diagnose or treat you.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

Health Care Operations: We may use or disclose, as needed, your PHI to support the business activities of your physician's practice. These activities include, but not limited to, business planning, management and licensing health care providers and staff; in resolving grievances within the practice; and cooperating with various people who review our activities such as another physician, our accountant or lawyer. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and provide other identifying information. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose PHI, if necessary, to contact you to remind you of your appointment, fill or deny prescriptions, discuss diagnosis and treatment plans, and other test results.

Other Uses and Disclosures: We may use or disclose your PHI in the following situations without your authorization. These situations include: as required by Law; Public Health issues as required by law; Communicable Diseases; Health Oversight Activities; Abuse, Neglect or Domestic Violence; Food and Drug Administration requirements; Lawsuits and other Legal Proceedings; Law Enforcement; Coroners, Medical Examiners and Funeral Directors; Organ and Tissue Donations; Research pursuant with specific detailed criteria established by the HIPAA Privacy Rule; Specialized Government Functions specifically defined by the HIPAA Privacy Rule; Worker's Compensation; Secretary of the United States Department of Health and Human Services to review our compliance with the HIPAA Privacy Rule.

Other Uses and Disclosures of Protected Health Information Require Your Authorization: All other used and disclosures will only be made with your written authorization. If you have authorized us to use or disclose your PHI, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

2. **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION:** Under federal law you have the following rights regarding protected health information about you.

Right to Inspect and Copy Your Personal Health Information: You have the right to request the opportunity to inspect and receive a copy of your PHI in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes, notes or information gathered or prepared for civil, criminal or administrative proceedings. We may deny your request to inspect and copy protected health information about you only in limited circumstances. To inspect and copy your PHI, you will be required to complete a written request, and we may charge a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of protected health information to certain individuals involved in your care that otherwise are permitted by the HIPAA Privacy Rule. *We are not required to agree with your request.* If we do, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. Your request must be submitted in writing to our office which will be reviewed by our Privacy Official. In your request please include the information you want restricted, how you want to restrict the information, and to whom you want the restrictions to apply.

Right to Amend: You have the right request that we amend your PHI. Your request must be submitted in writing to our office which will be reviewed by the Privacy Official. You must include a reason for your request. We may deny your request in certain cases. You have the right to submit a written statement disagreeing with the denial and we may prepare a rebuttal to your statement.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home rather than work. You must make your request in writing and you must clearly specify how you would like to be contacted. We are required to accommodate reasonable requests.

Right to Receive an Accounting of Disclosures: You have the right to request an accounting of certain disclosures that we have made of protected health information about you. This is a list of disclosures made by us during a specific period up to six (6) years except for those used and disclosures discussed on the first page of this HIPAA Notice of Privacy Practices and those made prior to April 14, 2003. Your request must be submitted in writing to our office and will be reviewed by our Privacy Official. This first list that you request during a twelve (12) month period. You will be informed in advance of this fee and will be given the opportunity to withdraw your request.

Right to a Paper Copy of This Notice: You have a right to receive a paper copy of this Notice at any time.

3. **COMPLAINTS, QUESTIONS AND PRIVACY OFFICIAL CONTACT INFORMATION**

Complaints: If you feel that your privacy rights have been violated you may file a complaint with the Privacy Official at our office at the address and telephone listed below. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint.

Questions: If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

Privacy Official Contact Information: You may contact our Privacy Official at the following address and telephone number listed below.

Marissa Terrazas, Privacy Official
11410 Vista del Sol
El Paso, TX 79936
(915)592-6269