



## **HIPAA Privacy Notice-Patient Acknowledgement**

### **“Health Insurance Portability and Accountability Act”**

**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.**

The Federal Government has required that your medical records remain private, confidential, and unavailable to anyone without your expressed written consent. Our medical record of your care remains the physical property of Allergy and Asthma Associates of Northern California (AAANC). The state of California supports this law. Forms are used for you to authorize, in writing, the release of a copy of your specific medical records to another entity such as; physician, medical practice, or to an insurance company for treatment, payment, and operations of AAANC. We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We use the records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. If you have any questions about this Notice, please contact our Privacy Official (Gracie Hernandez) at (408) 243-2700 ext. 246.

#### **Uses and Disclosures**

**Treatment-** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, result of laboratory test and procedures will be available in your medical records to all health professionals who may provide treatment or who may be consulted by staff.

**Payment-**Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health Care Operations-** There remain certain operational activities, where, in the process of delivering medical care to our patients, specific disclosure of information becomes necessary and will be conducted by medical and administrative professionals within this practice, without expressed written permission of each and every specific occurrence by you. Some examples include:

- Requesting Photo ID at your visit
- Taking and saving photograph of the patient for the chart to be used for identification and medical treatment
- Communicating with your pharmacy, insurance carrier, primary care provider, and other professionals involved in the patient’s healthcare (such as schools, day care or college health centers)
- Handling of the mail, newsletters, claims, bills, referrals
- Requesting that the office/reception staff call, text, or email you to schedule an appointment, acquire a referral, or to inform you about medications that may have be held for testing
- Medical staff leaving reasonable and limited messages informing you of potential treatment options such as labs or x-ray results
- Inform you of health-related benefits or services that may be of interest to you
- Verbal or written correspondence with insurance companies; yours and ours



- Discussing an opportunity to enroll you in ongoing Asthma Allergy Research; and/or continuation in research studies/clinical trials
- Routine inter-office communication between professional staff of this specialty practice to effectively manage your medical care

**Law Enforcement-** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public Health Reporting-** Your health information may be disclosed to public health agencies as required by law. For example. We are required to report certain communicable diseases to the state's public health department.

**Other uses and disclosures require your authorization-** Disclosure of your health information or its use for any purposes other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

#### **Additional Uses of Information**

**Appointment Reminders-** Your health information may be used to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Sign in sheet-** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**Notification and Communication with family-** Your health information may be used to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Information about treatments-** Your health information may be used to send you information on the treatment and management of your medical condition that you find interesting. We may also send you information describing other health-related products and services that we believe may interest you.



**Required by law-** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

**Public health-** We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

**Health oversight activities-** Your health information may be used to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

**Judicial and administrative proceedings-** Your health information may be disclosed in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information in response to a subpoena.

**Law enforcement-** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

**Coroners-** We may disclose your health information to coroners in connection with their investigations of deaths.

**Public safety-** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**Specialized government functions-** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**Worker's compensation-** We may disclose your health information as necessary to comply with worker's compensation laws. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

**Change of Ownership-** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.



**Research-** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

**Fundraising-** Unless you requested us not to, we will use your name and address to support our fundraising efforts.

**Marketing-** Unless you requested us not to, there are some marketing activities for which we may use your name and address, to provide you with information about services available at our practice.

**WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION-** Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you without your written authorization. You may restrict disclosure of any part of your Private Medical Information from within this practice to any outside source or recipient, where not allowed by the law: Federal, State or by Court Order. Please note that any unsecured electronic communication initiated by the patient/family is done so at their own risk.

### **Your Rights under the Law:**

*You have the right to receive a notice about our privacy policy*

*The right to inspect your protected health information (PHI) with a provider in a private environment*

*The right to request a copy of PHI and to have returned to you in 30 days, unless notified in writing of 60-day return*

*The right to request a restriction on uses and disclosures of your protected health information*

*The right to request to receive confidential communications from the practice by alternative means or at an alternative location*

*The right to request an amendment of your protected health information*

*The right to request an accounting of disclosure of Protected Health Information (PHI)*

*The right to revoke or limit authorization*

*The right to be notified of a breach of your PHI*

### **Allergy and Asthma Associates of Northern California Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices outlined in this notice. In the event of a breach of unsecured protected health information, if your information has been compromised it is our duty to notify you.





## **Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Gracie Hernandez, Privacy Official  
Allergy and Asthma Associates of Northern California  
4050 Moorpark Avenue  
San Jose, CA 95117-1840

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

## **Contact Person**

Gracie Hernandez, Privacy Official  
Allergy and Asthma Associates of Northern California  
4050 Moorpark Avenue  
San Jose, CA 95117-1840

**If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: Department of Health and Human Services Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W. Room 509F HHH Building  
Washington, DC 20201**

This Notice is effective on or after 01/01/2020