

HIPAA NOTICE OF PRIVACY – PATIENT ACKNOWLEDGMENT

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 Federal Government has required that your medical records remain private, confidential and absolutely not available to anyone without your expressed written consent. Our medical record of your care remains the physical property of The Allergy & Asthma Centers of Cape Cod (AACCC). Forms are available to you that will allow you to authorize, in writing, the release of a copy of specific parts of your medical records to another physician or medical practice.

Health Care Operations

There remains certain instances where, in the process of delivering good medical care to our patients, specific disclosure of information becomes necessary and will be conducted by medical and administrative professionals employed by AACCC, without expressed written permission of each and every specific incident by you. Some examples include:

- Requesting your photo ID at every visit
- Faxing, calling, or electronically communicating to your pharmacy for medication renewal or authorization
- Calling your insurance carrier for billing and/or reimbursement purposes
- Faxing your insurance with documentation of care
- Faxing, calling, or emailing your Primary Care Physician (PCP) with results of care or questions
- Handling of the mail, newsletters, claims, bills, referrals
- Leaving a reasonable and limited message on the following; email or your home, work and/or cell voicemail/text
- Office medical staff informing you of healthcare results or possible treatment options
- Transcription of letters, consults, test results, progress notes, appointment reminders, etc., within the practice
- The office/reception staff calling, texting, or emailing you to schedule an appointment, acquire a referral or to inform you about medication that may have to be stopped prior to testing at an office visit
- Verbal or written correspondence with insurance companies; yours and ours
- Discussing (verbal and written) complex evaluation and management of your healthcare with peers and/or experts in medical care
- Routine inter-office communication between professional staff of this specialty practice to effectively manage your medical care, and with the administrative staff to coordinate referrals, send/call appointment reminders, file & store medical records, order/receive antigen, submit claims and manage accounts, billing and co-pays
- Private Health Information (PHI) utilized for staff training
- PHI utilized to improve office practices and/or for compliance reviews

You may restrict disclosure of any part of your Private Healthcare Information from within this practice to any outside source or recipient, where not allowed by law: Federal, State, or by Court Order.

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 it returned to you in 30 days, unless notified in writing
- 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 PHI
- The right to revoke or limit authorization
- The right to be notified of a breach of your PHI

Please list by name and relation the person(s) that may receive messages or talk to us regarding your medical care.

Name/Relation

Contact Number

Name/Relation

Contact Number

Name/Relation

Contact Number

Name/Relation

Contact Number

It is our responsibility to guard and maintain information about you and your health in a very private manner. This information will be disclosed within the practice on a "needs to know" basis, and then kept confidential for your assurance that we comply with the Federal, State, and local laws on "Confidentiality of Medical Information."

ACKNOWLEDGMENT

I, _____ (patient or responsible party), acknowledge that I have received a copy of The Allergy & Asthma Centers of Cape Cod (the practice's) "HIPAA Notice of Privacy - Patient Acknowledgment" document regarding protection of Personal Health Information (PHI).

Patient's or Responsible Party's Signature

Date

Please Note: You may at any time request a detailed written policy of the Allergy & Asthma Centers of Cape Code's "HIPAA Privacy Notice-Detailed".