



APEXALLERGY

PRIVACY NOTICE

HIPAA POLICY STATEMENT

Apex Allergy & Immunology's Privacy Notice to Patients

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED BY APEX ALLERGY & IMMUNOLOGY AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Effective Date: October 11, 2016

Under the HIPAA Privacy regulations, Apex Allergy & Immunology and all similar health care providers are required by federal law to maintain privacy of your protected health information (PHI) and will abide by the terms in the Privacy Notice. Please be advised that Apex Allergy & Immunology may use your PHI in rendering treatment. For example, we are permitted to use your PHI in providing you with medical care/treatment when you visit our office or when we treat you in a hospital or nursing facility. Under federal law, we may disclose your PHI to you or we can disclose your PHI to third parties for treatment. For example, if we refer you to a specialist, we will forward your medical information to such specialists. We can disclose your PHI for payment purposes. For example, we will disclose your PHI to your insurance provider, your employer, Medicare, Medicaid, or other party responsible for providing you with health insurance coverage in order for Apex Allergy & Immunology to be reimbursed for our services rendered to you. We will also use or disclose your PHI for health care operations. For example, we may use your PHI when we engage in quality assurance and medical chart reviews, which are part of our health care operations. We may also disclose your PHI, when required by the Secretary of the US Department of Health & Human Services. Unless disclosure is required under federal/state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without your authorization. Our practice may use or disclose your PHI in accordance with the specific requirements of the HIPAA rules without Apex Allergy needing to obtain your authorization if the information is:

1. required by law
2. required for public health purposes
3. required disclosures about victims of abuse, neglect or domestic violence
4. required by health oversight agency for oversight activities authorized by law
5. required in the course of any judicial or administrative proceeding
6. required for a law enforcement purpose to a law enforcement official
7. required by a coroner or medical examiner
8. required by an organ procurement organization for research, and
9. if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Additionally, if you are a member of the armed forces, Apex Allergy & Immunology is permitted to disclose your PHI without consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission. We may also contact you via mail or phone to remind you of appointments with our office or to discuss treatment alternatives. If, for any reason, you do not wish to be contacted via mail or phone, our office personnel will note your request in your chart. In the event our practice wishes to disclose your PHI to another entity besides those referenced above, we are required to obtain your authorization. We would seek to obtain your authorization if Apex Allergy & Immunology decided to release your PHI for reasons other than treatment, payment, or for our practice's operations. For example, if we desired to participate in outside research or a drug study, we would need your written authorization prior to being permitted to release your PHI to such outside research facility or drug manufacturer. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending Apex Allergy & Immunology a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures. Please be further advised that you have the ability to access, obtain a copy, inspect and request amendment to your medical information that we maintain. Additionally, if you desire, Apex Allergy & Immunology can provide you with an accounting of all disclosures for treatment, payment or healthcare operations and pursuant to authorization. If you have a dispute with our practice regarding the use of your PHI or a disclosure by Apex Allergy & Immunology and believe that your primary rights have been violated, please contact Apex Allergy & Immunology to file a complaint or you may contact the Secretary of Health and Human Services. Please understand that Apex Allergy & Immunology will not retaliate against you in any way for filing a complaint. Lastly, please be advised that you have the right to designate a personal representative or request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or healthcare operations or disclosures by Apex Allergy & Immunology of your PHI to a family member, relative, or a close personal friend. However, we are not required by federal law to agree to your requested designation or restriction. If you request a copy of your PHI, you also have the ability to request that we send it to an alternative location (different address) and by alternative means. Additionally, if you have received this notice in an electronic form and you would like a paper copy, please contact Apex Allergy & Immunology. Apex Allergy & Immunology reserves the right to amend this notice as revised. Notices will be posted on our website (www.apexallergysc.com) and in our offices and provided to you upon your request. Thank you and if you have any questions, please contact Apex Allergy & Immunology.