



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. Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) require that the practice provide you with this notice. This notice describes our privacy practices. You can request a copy of this notice at any time.

PROTECTED HEALTH INFORMATION (PHI)

"Protected health information" is medical information created or received by your health care provider that contains information that may be used to identify you, such as your name, address, birth date, Social Security Number and/or demographic data. It includes written or oral health information that relates to your past, present or future physical or mental health; the provision of health care to you; and your past, present and future payment for health care.

TREATMENT, PAYMENT, HEALTH CARE OPERATIONS

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for health care operations, and to evaluate the quality of care that you receive. These disclosures may be made in writing, electronically, by facsimile, or orally.

TREATMENT

We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physicians in this practice are specialists. When we provide treatment, we may request that your primary care physician share your PHI with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions. Other examples are when the practice provides information to a pharmacy to fill a prescription, to an x-ray facility to order an x-ray, or to a lab to order lab tests. CT scan images of the sinuses done in our facilities may be transmitted electronically to outside radiologists to be read and evaluated.

PAYMENT

We are permitted to use and disclose your PHI to determine eligibility for benefits, get approval for a recommended treatment, and to bill and collect payment for the services provided to you. For example, we may submit a claim form to obtain payment from your insurer or HMO. The claim will contain PHI, such as a description of the medical service provided to you, that your insurer or HMO needs to approve payment to us.

HEALTH CARE OPERATIONS

We are permitted to use or disclose your PHI for the purposes of health care operations, which are activities that run this practice, improve your care, and contact you when necessary. For example, we may engage the services of a professional to aid



this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law.

DISCLOSURES THAT CAN BE MADE WITHOUT YOUR AUTHORIZATION

There are situations in which we are permitted by law to disclose or use your PHI without your written authorization or an opportunity to object that are listed below. In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

PUBLIC HEALTH, ABUSE OR NEGLECT, AND HEALTH OVERSIGHT

We may disclose your PHI for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose PHI, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your PHI to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may also disclose PHI to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled. We may disclose your PHI to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

LEGAL PROCEEDINGS AND LAW ENFORCEMENT

We may disclose your PHI in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your PHI under limited circumstances provided that the information:

- Is released pursuant to legal process, such as a warrant or subpoena;
- Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and we are unable to obtain the person's agreement;
- Is released because of a crime that has occurred on these premises; or
- Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.



WORKERS' COMPENSATION

We may disclose your PHI as required by the Texas workers' compensation law.

INMATES

We may release your PHI to a correctional institution or law enforcement official if you are an inmate or under the custody of law enforcement. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

MILITARY, NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES, PROTECTION OF THE PRESIDENT

We may disclose your PHI for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

RESEARCH, ORGAN DONATION, CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release PHI to researchers for research purposes. We may release PHI to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your PHI to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your PHI to a funeral director where such a disclosure is necessary for the director to carry out his duties.

REQUIRED BY LAW

We may release your PHI where the disclosure is required by law.

YOUR RIGHTS UNDER FEDERAL PRIVACY REGULATIONS

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

REQUESTED RESTRICTIONS

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations, including if you pay for a service out-of-pocket, you may ask us not to share this information with your health insurer. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances. To request a restriction, submit the following in writing: (a) The information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) to whom the limits apply. Please send your written



request to the office manager at the Allergy & ENT Associates office where you are seen or the Privacy Officer and address listed on the last page of this document. Please note that we are not required to agree to your request, and we may say "no" if restriction would impact your care. You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

RECEIVING CONFIDENTIAL COMMUNICATIONS BY ALTERNATIVE MEANS

You may request that we send communications of protected health information by alternative means or to an alternative location. Please send your written request to the office manager at the Allergy & ENT Associates office where you are seen or the Privacy Officer and address listed on the last page of this document. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information. You are not required to provide an explanation for your request.

INSPECTION AND COPIES OF PROTECTED HEALTH INFORMATION

You may inspect and/or obtain a copy of health information that is within the designated record set, which is information that is used to make decisions about your care. Usually, this process takes approximately 30 days from our receipt of your request. Texas law requires that requests for copies be made in writing, and we ask that requests for inspection of your health information also be made in writing. Please send your written request to the office manager at the Allergy & ENT Associates office where you are seen or the Privacy Officer and address listed on the last page of this document.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

- Includes psychotherapy notes.
- Includes the identity of a person who provided information if it was obtained under a promise of confidentiality.
- Is subject to the Clinical Laboratory Improvements Amendments of 1988.
- Has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review. Texas law requires that we are ready to provide copies of your medical records or a narrative within 15 days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing. HIPAA permits us to charge a reasonable cost based fee. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies of medical records that under some circumstances may be lower than the charges permitted by HIPAA. A list of those fees can be assessed here:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=9&ch=165&rl=2](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=9&ch=165&rl=2)



In any event, the lower of the fee permitted by HIPAA or the fee permitted by the TSBME will be charged.

AMENDMENT OF PHI

You may request an amendment of your PHI in the designated record set. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment for reasons, including, but not limited to, if the information that is the subject of the request:

- Wasn't created by this practice or the physicians/providers in this practice.
- Is not part of the designated record set.
- Is not available for inspection because of an appropriate denial.
- Is accurate and complete.

Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and inform others of the amendment who may have received your health information.

ACCOUNTING OF CERTAIN DISCLOSURES

The HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures made over the past 6 years that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit your written request for an accounting to the office manager at the Allergy & ENT Associates office where you are seen or the Privacy Officer listed on the last page of this document. Please state the time period for which you wish the accounting to include, up to a six-year period. The practice is not required to provide an accounting for disclosures that take place prior to April 14, 2003. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request *before* any costs are incurred.

YOUR CHOICES

You have the choice regarding how we share your PHI, including telling family and friends about your condition; providing disaster relief; including you in a hospital directory. If you are not able to tell us your preference, we may share your information if we believe it is in your best interest. We may also share your information when necessary to lessen a serious and imminent threat to health or safety. We will never share your information unless you have given us written permission for: marketing purposes, sharing of psychotherapy notes (although the practice does not create such notes), sharing any substance abuse treatment records, and sale of your information. We may contact you for fundraising efforts, but you can tell us not to contact you again.



METHOD OF CONTACT

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will say "yes" to all reasonable requests.

PERSONAL REPRESENTATIVES

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will require proof that any such person has the authority and can act for you before we share any information.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, AND OTHER HEALTH-RELATED BENEFITS

We may contact you by telephone, mail, or electronic methods to provide appointment reminders, treatment plans, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

COMPLAINTS

If you are concerned that your privacy rights have been violated, you may contact the Privacy Officer listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services HIPAA Complaint
200 Independence Avenue, S.W., Washington, DC 20201, or visiting
www.hhs.gov/ocr/privacy/hipaa/complaints/

OUR PROMISE TO YOU

We are required by law and regulation to protect the privacy of your PHI, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

QUESTIONS AND CONTACT PERSON FOR REQUESTS

If you have any questions or want to make a request pursuant to the rights described above, please contact the office manager at the Allergy & ENT Associates office location where you are seen or below:

Allergy & ENT Associates
Attention: Privacy officer
450 Gears Road
Suite 420A
Houston, Texas 77067
Telephone: 281-875-8428
Fax: 281-874-0018



This revised notice is effective on October 19, 2021.

We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office and our website where it can be seen.

**NOTICE OF ELECTRONIC DISCLOSURE OF PROTECTED HEALTH INFORMATION
IN ACCORDANCE WITH TEXAS HB 300***

Please be advised that this office maintains our patients' protected health information (PHI) in electronic form ("Electronic Health Records"). All electronic health records maintained by this office, including your PHI, are subject to electronic disclosure.

This office cares about the privacy of your Protected Health Information (PHI). If we obtain or create information about your health, we are required by law to protect the privacy of your information. PHI may include information that relates to:

- Your past, present, or future physical or mental health or condition;
- Healthcare provided to you; and
- Past, present, or future payment for your healthcare.

Under applicable federal and Texas state law, we are required under certain circumstances to obtain a separate authorization from you for each electronic disclosure of your protected health information. This authorization may be made in written or electronic form or orally if documented in writing by our office.

The authorization for electronic disclosure of protected health information is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law. (Tex. Health & Safety Code §§ 181.154(b),(c), § 241.153; 45 C.F.R. §§ 164.502(a)(1); 164.506, and 164.5080).

For a complete list of reasons that this office is allowed by law to share your PHI, please refer to our Notice of Privacy Practices for electronic disclosures of protected health information that do and do not require your authorization.

* This notice is provided pursuant to federal law and Section 181.154 of the Texas Health and Safety Code.