



**Tullyview Allergy, P.C.**

1030 Reed Avenue, Suite 108

Wyomissing, PA 19610

Phone: 610-478-4033 Fax: 610-374-1115

***NOTICE OF PRIVACY PRACTICE***

**What is this Notice For?**

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.

**What Do We Do to Keep Your Health Information Private?**

Keeping your health information private is one of our most important responsibilities. We are committed to protecting our health information and following all laws regarding the use of your health information. You have the right to discuss your concerns about how your health information is shared. The law under the Health Insurance Portability and Accountability Act (HIPAA) says:

1. We must keep your health information from others who do not need to know it.
2. We must make this Notice available to you, and may only use and share your health information as explained in this Notice.

**Who May Use and See My Health Information?**

Tullyview Allergy, PC employees may use or share your health information for treatment, payment and healthcare operations.

**Treatment:** We may use or share your health information for treatment. For example, we may use health information we receive from a health care provider who has seen you to provide treatment in our office, or to ensure that you are referred for further needed treatment.

**Payment:** We may use or share your health information in order to ensure that health services you have received through our office are paid for through your insurance company or other agency.

**Healthcare Operations:** We may use and share your health information in order to manage your care, if requested and authorized by you, by hospitals or other healthcare professionals who may provide care to you in the future.

**What if Tullyview Allergy, PC Wants to Use or Share My Health Information for Other Reasons?**

You will be asked to sign a separate form, called an authorization form, allowing your health information to be used or shared other than for treatment, payment or business operations. The authorization form limits what health information may be used or sent, and says where and to whom the information may be sent. You can cancel the authorization at any time by letting us know in writing.

In certain instances, verbal authorization may be accepted if written authorization is unavailable, and highly confidential information will not be disclosed.

## **What Rights Do I Have With Regard To My Health Information?**

You have the following rights with respect to your health information:

1. To amend your information. If you think some of your health information is incorrect or incomplete, you may ask that corrected or new information be added by making a request in writing to the Practice Manager at Tullyview Allergy, PC. You must state why you think the correction or new information is necessary. We do not have to make the requested amendment. If we do, you may ask that the corrected or new information be sent to others who have received your health information from us. If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.
2. To tell us that you want your health information to be sent somewhere else. We will again ask you to sign an authorization form. You may be charged for the cost of the copies and sending them. If we have HIV or substance abuse information about you, we cannot release it without a special signed, written authorization from you that complies with the laws governing HIV or substance abuse records. Certain other laws that we must comply with may require us to follow the special requirements of those laws in addition to HIPAA.
3. To inspect and copy certain health information. To inspect and copy your protected health information, you must give our office at least 48 hours' notice and there may be a fee for obtaining copies of all records.
4. To be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

## **Could My Health Information Be Used Or Released Without My Authorization?**

We follow laws that tell us when we have to share health information, even if you do not sign an authorization form. We will use or release your health information:

1. For public health reasons, including to prevent or control disease or injury; or report births or deaths, suspected abuse or neglect, reactions to medications or problems with certain health-related products.
2. We will send office notes to your primary care provider and referring physician offices. We may also send office notes to any additional physicians you may be seeing whose participation in your care may benefit from the information provided by our office.
3. To carry out treatment, payment or healthcare operations.
4. To help health oversight agencies monitor the health care system, government programs, and compliance with civil rights laws, including for audits, investigations, inspections, or licensing purposes.
5. To carry out administrative functions your information may be released to specific employees who assist in the administration of benefits.
6. If a court orders us to, or if we receive a subpoena and receive certain assurances from the person seeking the information.
7. To law enforcement officials, if we receive a proper request and the request meets all other legal requirements.
8. To coroners, medical examiners or funeral directors, in order to help identify a deceased person, determine the cause of death, or perform other legally authorized duties.
9. To organ procurement organizations, if you are an organ donor or as legally required.
10. To military authorities, if you were or are a member of the armed forces and the request is made by appropriate military command authorities.
11. To Workers Compensation for work-related injuries.
12. To other government benefit programs in order to coordinate or improve administration and management of the programs.

13. To family or others involved in your treatment or financial affairs, if you have indicated that we can do so or if we can reasonably infer that you do not object.
14. As otherwise required by law.

**When is This Notice Effective?**

This Notice went into effect on October 1, 2013.

**May I Have A Copy Of This Notice?**

You have a right to a paper copy of this Notice of Privacy Practice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. We reserve the right to change this Notice, and to apply the new practices to all of your health information, including information we received before the Notice was changed. If we change this Notice and you are still in our Practice, we will send you a new one upon request. You are entitled to the most current copy of the Notice. You can find the most current notice on our website, [tullyviewallergy.com](http://tullyviewallergy.com).

**Contact Information for Complaints or Questions**

If you have questions or feel your privacy rights have been violated, you can ask questions or complain by writing or calling the Practice Manager, Tullyview Allergy, PC, 1030 Reed Avenue, Suite 108, Wyomissing, PA 19610. Phone: 610-478-4033.

You can also complain to the federal government, Secretary of Health and Human Services, by writing to: U.S. Department of Health & Human Services, Office for Civil Rights, 150 S. Independence Mall West – Suite 372, Philadelphia, PA 19106-3499.

**Will It Make Trouble For Me If I Complain?**

Your service will not be affected by any complaint made.