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Dear Patient:

Allergy and Pulmonary Associates is committed to insuring the right of our patients to privacy. Privacy includes, but is not limited to Protect Health Information (PHI), a person's physical or mental health and the provision of healthcare or the payment for healthcare. PHI includes patient identity, address, age, social security number, the reason the patient is being seen, treatments and medications the patient may receive, and observations about the patient's conditions and past medical history.

Privacy considerations include verbal, written, or electronic communications. It is Allergy and Pulmonary's responsibility to maintain confidentiality and insure that those business associates receiving PHI, such as insurance companies, and laboratories, also adhere to appropriate privacy standards as defined by the Health Insurance Portability and Accountability Act (HIPAA).

Patients have the right to control who will see their protected health information (PHI). PHI communications will be limited to those who need the information to provide treatment, obtain payment or to complete healthcare operations. Allergy and Pulmonary Associates is required to release information in a limited number of situations to comply with the law. In these cases the patient will be informed, unless prohibited by law.

Patients have the right to review their medical records upon request. This review is to be done with the attending physician or designee, in order to assist the patient's understanding. The patient has the right to request corrections to the medical record. The patient is to make these requests in writing. Request for corrections are to be maintained in the patient's medical record.

Patients will receive a copy of the Privacy Policy. A signed acknowledgement for receiving the policy will be maintained in the patient's medical record.

Allergy and Pulmonary will have a designated Privacy Officer; this will be the front officer manager. Patients having a complaint related to privacy / confidentiality should request to speak to this officer.

Patient Signature of Receipt

Date of Receipt