

Allergy & Asthma Center of Texas
John B. Meiser, M.D., P.A.

NOTICE OF PRIVACY PRACTICES (HIPAA)

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.

Understanding Your Health Record/Information

Allergy & Asthma Center of Texas and John B. Meiser, M.D., P.A., (“we” or “us”) creates a record of the care and services you receive from us. This notice describes our practices and that of our physicians and staff with respect to your protected health information created while you are our patient.

Uses and Disclosures

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However all of the ways we are permitted to use and disclose information should fall within one of the categories.

Treatment Your health information may be used by our staff members or disclosed to healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, the physician in this practice is a specialist. When we provide treatment we may request that your primary care physician and other specialists share your medical information with us. Also, we may provide your primary care physician or other specialists with information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any. In addition, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff member.

Payment Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Healthcare Options Your health information may be used as necessary to support the day-to-day activities and management of our practice. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, or to comply with government-mandated reporting. We may also disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker’s compensation or similar programs established by law.

Public Health Reporting Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state’s public health department.

Appointment Reminders Your health information will be used by our staff to send you appointment reminders via the telephone, electronic mail and /or US postal service.

Information About Treatments Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

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Individual Rights

You have certain rights under the federal privacy standards. These include rights to:

- Request restrictions on the use and disclosure of your protected health information for treatment, payment, health care operations and as to disclosure permitted to persons, including family members involved with your care and as provided by law. However we are not required by law to agree to a requested restriction;
- Request communications of your health information by alternative means or at alternative locations. We will accommodate reasonable request;
- Inspect and request a copy your protected health information as provided by law;
- Amend or submit corrections to your protected health information as provided by law. We will notify you if we are unable to grant your request to amend your health record;
- Obtain an accounting of disclosures of your health information as provided by law; and
- Receive a printed copy of this notice;

You may exercise your rights set forth in this notice by providing a written request to the contact person noted below.

Practice Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Should our information practices change, we are not required to notify you, but we will have the revised notice available for you to request. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the receptionist or the Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. You will be charged a fee as limited by The Texas State Board of Medical Examiners for the copy of your records.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can contact the Privacy Officer at the address shown below. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the address shown below. You may also send a letter outlining your concerns to the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy Officer
Allergy & Asthma Center of Texas
7002 Lebanon Road, Suite 103
Frisco, TX 75034
Office Phone (972) 377-9987

Effective Date

This Notice is effective on or after April 14, 2003; revised September 15, 2009.