

# ALLERGY

## AND ASTHMA ASSOCIATES

PEDIATRIC & ADULT ALLERGY, CLINICAL IMMUNOLOGY

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### Your Information. Your Rights. Our Responsibilities.

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.**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- You can ask to be contacted in a specific way; e.g., cellphone only or send mail to a different address.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- You can ask for a list of who we’ve shared your health info with for the past six years, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one listing a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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 make sure the person has this authority and can act for you before we take any action.
- You have the right to tell us to share information with your family or others involved in your care

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- We will never share your info for marketing or sale unless you give us written permission.
- We can use your health information and share it with other professionals who are treating you.
- We can use and share your health info to run our practice, improve care, and contact you as necessary.
- We can use and share your health info to bill and get payment from health plans or other entities.

For any questions, contact the Office Administrator at 847-272-4296

Effective 02/27/2018

□ 500 Skokie Blvd, Ste 140  
Northbrook, IL 60062-2811  
(847) 272-4296

□ 150 W. Half Day Rd, Ste 200  
Buffalo Grove, IL 60089  
(847) 793-0777

□ 475 Brown Blvd, Ste 104  
Bourbonnais, IL 60914  
(815) 933-5092

□ 5911 Northwest Hwy, Ste 208  
Crystal Lake, IL 60014  
(815) 455-7289

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

We can share health information about you for certain situations such as preventing disease , helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone’s health or safety

- We can use or share your information for health research.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- We can use or share health information about you for workers’ compensation claims
- We can share health info about you in response to a court or administrative order or a subpoena. We are required by law to maintain the privacy and security of your protected health information.
- We’ll let you know if a breach occurs that may have compromised the privacy of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your info. other than as described here unless you tell us we can in writing.

You can complain if you feel we have violated your rights by contacting us.

- You can file a complaint with the U.S. Dept of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

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