

HIPAA regulations are put in place to help maintain the confidentiality of patient medical information and to ensure that it is shared only by staff that is involved in direct care of the patient. We have been following these same standards since our practice began. As these regulations have become a law, we need informed consent from all of our patients.

Each time you visit any of our clinics; a record of your visit is made and updated. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, and a plan for future care or treatment. We use this information, often referred to as your health or medical record, to serve as a basis for planning your care and treatment, a means to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. In any other situation, 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 to stop any future uses and disclosures. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

To provide better care, communication between staff, medical providers, and the patient are critical. We use an Intranet based secure medical management system (128 bit encryption industry standard – like web banking) for sharing information among our staff and you. We may also use email, and efax statements, letters, appointment reminders etc... to communicate with you. We will send reminder cards a few weeks before you are due for an appointment so you can call to schedule an appointment. For new patients or for allergy testing appointments we will also leave a message on your home answering machine. We will also leave a message on your answering machine for any test results that are within normal limits.

We recommend that if you do not want us to use any one of these modes of communication with you please let us know and we will discuss this further. We will also keep patient confidentiality and not share passwords, email (forwarding) etc...with anyone.

During your office visit we need your cooperation to help maintain confidentiality, we cannot discuss any portion of your visit outside of the examination room. If you do have a question please ask a member of our staff to speak with you privately.

In the future we may find it necessary to change our policies. Before we make significant changes in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed at the end of this statement.

Individual Rights

In most cases, you have the right to look at or obtain a copy of your health information that we use to make decisions about your care. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

Our legal duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice and in our policy.

Acknowledgment

I acknowledge receipt of this notice of information practices. I understand that I may request additional restrictions on the use and disclosure of my protected health information or for additional confidential treatment of communications.

Name of patient

Signature of patient or legal guardian (if pt. is a minor)

Date

Stephanie Sosinski, P.A. (privacy officer)
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