



CONSULTANTS IN  
**ALLERGY & ASTHMA CARE**

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**NOTICE OF PRIVACY PRACTICES**

**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.**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal law that requires that all medical records and other individually identifiable health information used or disclosed by us in any form--whether electronically, on paper, or orally—are kept properly confidential.

This practice creates a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. We are also required by law to provide you with this Notice of our legal duties and privacy practices. In addition, the law requires us to ask you to sign an Acknowledgement that you received this Notice.

We are required by federal and state law to maintain the privacy of your medical information. Medical information is also called “protected health information” or “PHI.” We are also required by law to notify you if you are affected by a breach of your unsecured PHI. HIPAA provides penalties for medical practices when they misuse medical information.

**This is a list of some of the types of uses and disclosures of PHI that may occur:**

• **Treatment**

We obtain health information, or PHI, about you to treat you. Your PHI is used by us and by others to treat you. We may also send your PHI to another physician, facility, or counselor to which we refer you for treatment, procedures, or testing.

• **Payment**

We use your PHI to obtain payment for the services that we render. For example, we send PHI to your insurance plan to obtain payment for our services.

• **Health Care Operations**

We use your PHI for the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be contacting you to remind you of an appointment. We do use a daily sign-in sheet so that the receptionist can organize the billing information properly at the end of business hours.

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## LEGAL REQUIREMENTS

We may use and disclose your PHI as required or authorized by law. For example, we may use or disclose your PHI for the following reasons: public health; health oversight activities; judicial and administrative proceedings; law enforcement; averting a serious threat to health or safety; work-related injuries; coroners, medical examiners and funeral directors; armed forces; national security and intelligence; correctional institutions and custodial situations; research; immunizations. Efforts may be made to contact you prior to a disclosure of your PHI to the party seeking the information in a judicial and administrative proceeding. We do not engage in fundraising activities. If we obtain and document your verbal or written agreement to do so, we may release proof of immunization to a school where you are a student or prospective student. Illinois law also has certain requirements that govern the use or disclosure of your PHI.

## YOUR RIGHTS

**You have certain rights under federal and state laws relating to your PHI.**

**Some of these rights are listed below:**

- **Restrictions**

You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations. We are not required to agree to a requested restriction, except as required by law. We are required to comply with your request for restrictions on use or disclosure of your PHI to health plans for payment or health care operations purposes when the practice has been paid out-of-pocket in full and the practice has been notified of the request for restriction in writing, and the disclosure is not required by law.

- **Communications**

You have a right for reasonable requests to receive confidential communications about your PHI.

- **Inspect and Access**

You have a right to inspect your health information. You may not inspect your record in some cases. If your request to inspect your record is denied, we will send you a letter letting you know why and explaining your options. You may have a paper copy of your PHI in most situations. If you request a copy of your PHI, we may charge a fee for making the copies and mailing them to you— if you ask us to mail them.

- **Amendments**

You have a right to request that we amend your PHI, but we are not required to always agree to do so.

- **Accounting of Disclosures**

You have a right to receive an accounting of disclosures of your PHI from this medical practice for purposes other than treatment, payment, health care operations, or release made because you had requested the release.

- **Copy of Notice**

You have a right to obtain a paper copy of this Notice, even if you originally received the Notice electronically.

- **Authorizations**

We are required to obtain your written Authorization when we use or disclose your PHI in ways not described in this Notice. You may revoke your authorization at any time in writing, except to the extent that we have already acted on your authorization.

We are required to abide with terms of this Notice currently in effect; however, we may change this Notice.

If we materially change this Notice, you can get a revised Notice from our website at [www.allergyasthmacare-doctor.com](http://www.allergyasthmacare-doctor.com) or by picking up a copy at our office.

If you feel that your privacy rights have been violated, you may file a complaint with us by filing a written complaint with our office and by calling our Office Administrator officer at 847-432-0200, option 6. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC about violations of the provisions of this notice or the policies and procedures of our office.

Please contact us for more information, by asking to either speak to our Office Administrator Officer, who acts as our Privacy Officer, or write by noting "Attention Privacy Officer."