

ALLERGY & ASTHMA CARE, PC
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HIPAA 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.

This notice of Privacy describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is your information about you, including demographic information that may identify you and that related to your past, present or future physical or mental health of condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice and other use required by law.

Treatment: We will use and disclose your health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party. For example, your protected health information may be provided to a physician, home health agency or DME company to whom you have been referred to ensure that the physician health care provider has the necessary information to diagnose or treat you. We may use your protected health information to tell you about possible alternative treatment options, to inform you about health related benefits or services or to prevent a serious threat to the health and safety of either you or another person.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, for an office visit, obtaining approval for a hospital stay will require that your relevant protected health information be disclosed to the health plan, or to obtain prior approval for a medication you may have been prescribed.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging other business activities. We may disclose your medical information to students who intern at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required by law, Public health issues as required by law: Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the secretary of the department of health and Human Services to investigate or determine our compliance with the requirements of section 164.500

Marketing: We will not use your PHI for marketing purposes or in a sales transaction (receipt of remuneration in exchange for PHI). In the event we decide to use your PHI, we will obtain your authorization prior to doing so.

In Case of Breach: We are required by law to maintain your privacy of your PHI. We have appropriate measures in place to do so. In the event of a breach of a patient's PHI they will be notified.

Deceased Patients: We may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs.

Organ Donor: We may release PHI to a medical facility for tissue procurement of transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation of you are an organ donor.

Other Permitted and Required Uses and Disclosures: Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in this authorization.

2. Your Rights

You have the right to inspect and copy your protected health information: Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action of proceeding, and protected health information that is subject to law that prohibits access to protected health information. A written request to the office containing full name of the patient, date of birth, mailing address, phone number and written signature is required. There will be a charge to copy your records.

You have the right to request your medical records electronically by providing us with a CD or Flash Drive.

You have the right to request a restriction of your protected health information: This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members and friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You must make your request in writing.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted and you will be notified.

You have the right to request to receive confidential communication from us by alternative means or at an alternate location. For instance, you may ask that we call you at home, rather than work. In order to request a type of confidential communication, you must make a written request.

You have the right to have your physician amend your protected health information: If you believe your health information is incorrect or incomplete, you may ask for an amendment for as long as the information is kept by our practice. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests need to be made in writing and must include a reason for amendment. Also, we may deny your request if you ask us to amend information that is in our opinion: (1) accurate and complete (2) not part of the protected health information kept by or for our practice. (3) Not part of the protected health information which you would be permitted to inspect or copy or (4) not created by our practice.

You have the right to receive an accounting of certain disclosure we may have made, if any, of your protected health information.

You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this electronically.

We reserve the right to change the terms of this notice. Any revised notice will be effective for any medical information we already have or will receive in the future. A copy of the revised notice will be posted with an effective date.

Complaints:

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer: Tasneem Savliwala at 43700 Woodward Avenue # 205 Bloomfield Hills MI 48302. TEL: 248-335-0200, of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or April 14, 2003 and revised November 2016.