

COAST ALLERGY/ASTHMA CENTER

Notice of Patient Privacy Policies

We are committed to preserving the privacy of your personal health information and are required by HIPPA laws to do so. We are providing you this summary notice describing:

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED and HOW YOU CAN ACCESS THIS INFORMATION

We may use or disclose to others your medical information for the purposes of providing or arranging for your health care, for the payment or reimbursement of the care we provide you, and for the related administrative activities required to support your treatment.

We may be required or permitted by certain laws, regulations or circumstances to use and disclose your medical information for certain purposes without your authorization. Under other circumstances, we may need your written authorization in order to use or disclose your medical information. You may revoke this authorization at any time.

As our patient you have important rights relating to: (a) inspecting and copying your medical information that we maintain, (b) amending or correcting that information, (c) obtaining an accounting of our disclosures of your information, (d) requesting that we communicate with you confidentially, (e) requesting that we restrict uses and disclosures of your information, and (f) complaining if you think your rights have been violated.

We have a more detailed NOTICE OF PRIVACY PRACTICES if this summary is insufficient to explain your rights and our obligations under the current HIPPA laws. We may revise this NOTICE from time to time without notifying you. The date at the bottom of this page lists the date of the most current NOTICE in effect. You have the right to receive a copy of our more detailed current NOTICE. Please ask the front desk and we will provide a copy.

If you have any questions, concerns or complaints about the NOTICE or about your medical information, feel free to write to us at: 2055 Exchange St., Suite 150, Astoria, OR, 97103.

When you register for your appointment, our staff may ask for identification, for insurance information, for personal information and for insurance co-pay or deductible amounts or briefly discuss your current account information. Others in the waiting room may overhear this discussion. If you have concerns about this policy, ask to use our private area available for this discussion.

We may have several patients being tested at one time. When this occurs, you may be visible by other patients and may be overheard when speaking to the staff, nurses or the doctor. We will try to maintain your privacy as much as possible during your evaluation and testing periods.

We provide allergy shots in the central area of our clinic. When you sign in and are called by name for treatment, other patients may overhear. Though we have curtains to restrict the view of others, you may be seen and heard during shot treatments by our staff or nurses. We will try to maintain your privacy as much as possible during this time.

We are only able to disclose your medical information to you personally unless you specifically waive that right. If you will permit us to disclose your medical information to another person, please designate by **name and relationship** to whom the information may be disclosed: _____ .
(name) (relationship)

Agreement:

BY: _____ Date: _____
(Patient)

BY: _____ (Patient Representative) _____ (Relationship to Patient)