

### ***Who Will Follow This Notice***

*Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your subsidiaries, business associates (e.g. a billing service) sites and locations of this practice may share medical information with each other for treatment, payment purposes or healthcare operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.*

### ***Changes to This Notice***

*We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice with the effective date on the posted copy.*

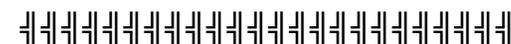
ALLERGY & ASTHMA  
ASSOCIATES

[www.sneezedoctornj.com](http://www.sneezedoctornj.com)

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## **NOTICE OF PRIVACY PRACTICES**



Effective Date: April 14, 2003

Privacy Officer: Leslie Ferrante

732-741-8900

**ALLERGY & ASTHMA ASSOCIATES  
ANDREW HIRSCH, M.D.**

**258 Broad Street  
Red Bank, NJ 07701**

## Medical Information About You

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not all possible uses or disclosures are listed. **For Treatment:** We may use your medical information for treatment or services. Example: In treating you for a specific condition, we may need it if you have allergies that could influence which medications we prescribe for the treatment process. **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or third party. Example: We may need to send your protected health information such as your name, address, office visit date and codes identifying your diagnosis and treatment to your insurance company for payment. **For Health Care Operatives:** We may use and disclose medical information about your health care operatives to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff caring for you. **Other Uses or Disclosures That Can be Made Without Your Consent or Authorization:** As required during an investigation by law enforcement agencies, To avert a serious threat to public safety, As required by military command authorities for their medical records, To workers compensation or similar programs for processing of claims, In response to a legal proceeding, To a coroner or medical examiner for identification of a body, As required by the US Food and Drug Administration, Other healthcare providers' treatment activities, Other covered entities and providers payment activities, Other covered entities healthcare operative activities to the extent permitted by HIPAA, Uses and disclosures required by law, Uses and disclosures in domestic violence or neglect situations, Health oversight activities, Other public health activities. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. **Uses and Disclosures Of Information Protected Health Requiring Your Written Consent:** Other uses and Disclosures of medical information by this Notice or the laws that apply to us will be made only with your written consent. You may revoke the authorization in writing at any time. We will therefore no longer use or disclose your medical information. We are required to retain our records of previous disclosures.

## Disclosures and Changes to Your Medical Information

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operatives, or to someone who is involved in your care or the payment for your care. We are required to agree to your request. If we do agree, we will comply with your request unless information is needed to provide you with emergency treatment. To request restrictions, you must submit your request to the Privacy Officer at this practice. In your request, you must tell us what information you want us to limit.

**Right to an Account on Non-Standard Disclosures:** You have the right to request a list of the disclosures we made of medical information about you. To request this list you must submit your request to the Privacy Officer at this Practice. Your request must state the time period for which you want to receive a list of disclosures, which is no longer than six years and may not include dates earlier than April 14, 2003. Your request should indicate in what form you want this list. The first list within a 12 month period will be free, but additional lists may carry a cost to you.

**Right to Amend:** If you feel that medical information we have on you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at this practice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information was not created by us, is not a part of the medical information kept at this practice, is not a part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. We will prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

## Your Access to Medical Information

**Rights to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes, information compiled for use in a civil, criminal or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, we reserve the right to charge a fee for copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to a Paper Copy of this Notice:** You have the right to a paper copy of our current Notice of Privacy Practice any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy please request one from the Privacy Office at this practice.

**Right to Request Confidential Communications:** You have the right to request how we send communication to you about medical matters and where you would like those communications sent. To request confidential communications you must make a request to the Privacy Officer at this practice. We will not ask you the reason for this request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.