

NOTICE OF PRIVACY PRACTICES

We are required by applicable federal law to maintain the privacy of your protected health information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes permitted or required by law. We must abide by the terms of this Notice while it is in effect. It also describes your rights to access and control your PHI. This Notice takes effect July 1, 2013 and will remain in effect until we replace it.

We reserve the right to change the terms of the Notice at any time, provided such changes are permitted by applicable law. The new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes permitted or required by law. Following are examples of the types of uses and disclosures of your PHI that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, we may disclose your PHI to another physician or health care provider (*e.g.*, a specialist or laboratory) who becomes involved in your health care.

Payment: Your PHI will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. For example, obtaining approval for a specific procedure may require that your PHI be disclosed to the health plan to obtain approval.

Health Care Operations: We may use or disclose, as needed, your PHI 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 for other business activities.

Required by Law: We may use or disclose your PHI to the extent that is required by law.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse/neglect or victims of abuse, neglect or domestic violence.


Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.



Workers' Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.

Your Authorization: Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Disaster Relief: We may use and disclose your PHI to assist in disaster relief efforts.

Marketing: We will not use your PHI for marketing without your written consent. We will not sell you PHI without your written authorization.

Appointment Reminders: We may use your PHI to provide you with appointment reminders (voicemail, letters etc.).

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

2. **YOUR RIGHTS**

You have the right to inspect and copy your PHI. You may inspect and obtain a copy of your PHI for so long as we maintain the PHI. As permitted by federal or state law, we may charge you a reasonable fee.

You have the right to request a restriction of your PHI. You may ask us to place specific restrictions on the use or disclosure of any part of your PHI. We are not required to agree to a restriction that you may request. We will comply with any restriction on PHI that we have granted, unless that is needed to provide emergency treatment. We may not refuse a request to restrict the disclosure of PHI to health plans if you pay in full, out-of-pocket for the services for which the PHI relates.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing.

You may have the right to have your physician amend your PHI. You may request an amendment of PHI about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions and limitations. You have the right be notified of any breach of unsecured PHI.

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

If you want more information about our privacy practices, please contact us using the contact information listed below. If you are concerned that we have violated your privacy rights, you may file a complaint with the Secretary of Health and Human Services at the US Department of Health and Human Services or with us. We will not retaliate against you for filing a complaint.

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