

# COAST ALLERGY/ASTHMA CENTER

## NOTICE: PATIENT PRIVACY



We are committed to preserving the privacy of your personal health information. We are required by law to protect the privacy of your medical information and to provide you with 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, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting 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 (that you may later revoke) in order to use or disclose your medical information.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed NOTICE OF PRIVACY PRACTICES which fully explains your rights and our obligations under the law. We may revise our NOTICE from time to time. The Effective Date at the top right hand side of this page indicates the date of the most current NOTICE in effect.

You have the right to receive a copy of our most current NOTICE in effect. If you have not yet received a copy of our current NOTICE, please ask at the front desk and we will provide you with a copy.

If you have any questions, concerns or complaints about the NOTICE or your medical information, please feel free to contact us at *2065 Exchange St., Ste. 150, Astoria, OR 97103*

*At Coast Allergy/Asthma Center, PLLC, we have several patients at one time being tested for allergies. When this occurs, you may be visible by other patients and may be able to be overheard when speaking with the nurses. We do maintain your privacy as much as possible during your treatment.*

We also provide allergy shots in our shot clinics where you sign in and are called for treatment. Though we have curtains to restrict the view of other patients, others may be able to see and/or hear conversations with your nurse. We will maintain your privacy as much as physically possible during your treatment.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient)

or

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient Representative)

Description of Representative's Authority \_\_\_\_\_