

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: We are required by law to have your written consent prior to treatment or disclosure.

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 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 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 physically possible during these tests.
- 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 while receiving treatment, others may be able to see and/or overhear conversations between you and the nurse. We will maintain your privacy as much as physically possible during 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 contact Cheryl Casper at 503-402-2770.

I acknowledge I have received a copy of the NOTICE of PRIVACY PRACTICE from A.A.D.A.

PATIENT'S SIGNATURE

DATE