



12422 South 450 East Suite C, Draper UT 84020 (801) 553-1900

## **NOTICE REGARDING PRIVACY OF PERSONAL HEALTH INFORMATION**

Federal regulations developed under the Health Insurance and Portability and Accountability Act (HIPPA) require that this practice provide you with this Notice Regarding Privacy of Personal Health Information.

### **How we use health care information:**

We use information about you to:

1. Provide treatment to you
2. Ensure appropriate payment for the treatment we provide
3. Monitor the quality of our operations

### **When we may disclose information:**

In certain limited cases we are permitted to disclose health care information about you. Examples include when there is a threat to health or safety, for Worker's Compensation, to reduce public health risks, for health oversight, and in certain cases for law enforcement. In addition, we may disclose information to tell you about health-related services and products, clinical trials, and alternative treatments.

### **Your Information Rights:**

We create a record of the care we give you.

1. You have the right to know how we use your health information, who we can give it to, and your rights to the information.
2. You have the right to ask us to restrict uses and disclosures where we believe such restrictions will not harm you and where it is possible to do so.
3. You have the right to confidential communication of your health information. For example, you can ask for a conversation to be held in private or for us to send a copy of your bill to a different address.
4. You have the right to get a copy of information in our record unless your doctor has indicated this would be harmful to you or someone else.
5. You have the right to request that our records be amended if we agree it is inaccurate or incomplete.
6. You have the right to ask us for a list when we have disclosed your health information to someone other than those treating you, handling your bills, for our internal operations, or you have authorized release of information.
7. You have the right to request copies of your health information be sent to another physician in the event this practice is sold.
8. You have the right to be notified in writing in the case of a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you have the right to relate complaints to this practice and to the Secretary of the Department of Health and Human Services. You may provide complaints to the practice verbally or in writing. Such complaints should be directed to the practice's Privacy Officer. The Privacy Officer can address any concerns or questions you may have regarding your protected health information.

12422 South 450 East, Suite C  
Draper UT 84020  
Attn: DeAnn Sims, Privacy Officer  
(801) 553-1900

Notice effective as of September 23, 2013. This is a summary of the privacy policy for Intermountain Allergy and Asthma of Draper. A complete copy of our policy is available upon request.

## CONSENT TO PRIVACY PRACTICES

You agree to permit your protected health information to be used and disclosed for purposes of treatment, payment, and health care operations.

You have the right to request that we restrict how your protected health information is used or disclosed to carry out treatment, payment or health care operations. We are not required to agree with this request, but if we do, we are bound by it.

You have the right to revoke your consent (above). Revocation must be in writing. A revocation, however, will not apply to the extent that protected health information has been used for the above purposes prior to that action.

By signing below, you acknowledge that you have received a copy of the complete notice of privacy practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Date

I agree to let the office personnel of Intermountain Allergy & Asthma of Draper leave messages concerning appointments on my answering machine or with a family member. I also authorize the following individuals to take messages regarding appointments, laboratory results, and other messages regarding my health care. Only those individuals expressly named below may communicate with the office personnel concerning the information indicated above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date