



Family Allergy & Asthma Care Consultants, LLC

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Board Certified Allergy & Asthma Care

Privacy Practice Notice to Patients

This notice describes how medical information about you may be used and disclosed. We are required by law to protect the privacy of your protected health information, this document also explains how you can gain access to your medical information and who to contact should you have a complaint. Please read this document carefully and sign the form to acknowledge that you have received it.

A. The general consent for the release of medical records that you sign authorizes Family Allergy & Asthma Care Consultants to disclose the information in your medical records for treatment, payment, and healthcare:

- 1. For the purpose of providing treatment to you. Your information may be shared with employees or health care providers who are treating you or consulting in your care.**
- 2. For the purpose of arranging payment through your care. Your information may be shared with your insurer and other third party payor who is responsible for paying all or part of the cost of your care.**
- 3. For the purpose of health care. We may use and disclose information that is necessary and possibly contact other healthcare providers about treatment alternatives. We may use information about you to remind you of an appointment for treatment for medical care (i.e. postcard, telephone, or letter).**

B. You may be asked to sign a specific authorization for the release of medical records, which will authorize us to make a specific disclosure that is not covered under section A above. The specific information, the entity to which it will be disclosed and the purpose for which it will be used will be documented for your review before signing.

C. You may revoke any consent or authorization provided to us by giving a written notice of revocation.

D. We may be required by law to disclose records that you have not authorized. For example, if we receive a subpoena for records or if public responsibility requires disclosures of your medical records to the necessary minimum.

E. Your rights regarding health information about you:

- 1. You have the right to inspect and copy your health information. (There may be a charge for this).**
- 2. If you feel that the health information that we have about you is incomplete or inaccurate, you have the right to request an amendment to your medical records. The request must be made in writing with the reasons that supports your request. If we do not agree with your request, you have the right to ask that your statement be placed in the medical record.**
- 3. You have the right to find out how your health information is used and to whom it is disclosed. You may request and accounting of you medical records disclosures made by us except for disclosures made for treatment, payment and health care.**
- 4. You have the right to receive a paper copy of this notice.**

F. We are required by law to maintain the privacy of your protected health information and if you believe that your rights have be violated, you may complain to the secretary of the U.S. Department of Health and Human Resource or complain to us by letter and by contacting our privacy contact person, Shankar Lakhani, M.D. We will not retaliate in any way against a patient for making a complaint.

G. We reserve the right to change our privacy practices and to make new policies effective for all protected health information that we maintain. If we should do so, we will issue and updated “notice to patients” to all of our patients.