



Dear Allergy Associates of La Crosse Patient,

Allergy Associates of La Crosse (AAOL) takes the responsibility of protecting your health information very seriously, whether spoken, read or shared with others in the process of delivering care. We pledge to take appropriate measures to respect and protect the confidentiality of your health information and your rights to it.

The Federal law HIPAA, which took effect April 14, 2003, and more recently in 2009 The Health Information Technology for Economic and Clinical Health Act (HITECH), drives the need for this communication. These laws require acknowledgement that we have shared with you certain information covered in the attached document - **Notice of Privacy Practices**. This document describes how we use and disclose your protected health information in the course of delivering care, and the rights you have to this information. You may see similar Notices from other healthcare entities you have relationships with, as all are required by law to communicate this information to their patients. As a valued patient we encourage you to review the Notice and the detailed information it contains. We prefer to view this as a valuable opportunity to help everyone share and understand more about the way we conduct the business of health care in this country.

One final **important** step is for you to sign and return the **Privacy Policy - Written Acknowledgement of Receipt** found at the end of the attached information. By signing the acknowledgement and returning it to our business office it signifies that you received the Notice of Privacy Practice from us, which we are required by law to have and will keep with your medical chart. It does not mean that you have read, or agree, with the Notice, but rather that we have provided it for you. If you are the parent or guardian for a child or other patient, the form can be completed indicating this.

We do hope that you will take the time to review the information and we look forward to continuing to provide you the best healthcare services possible. Thank you for your consideration and for choosing to work with us at AAOL.

Sincerely,

Mary S. Morris, MD
President
AAOL

Jeffrey J. Kessler
Privacy Officer
AAOL

Allergy Associates of La Crosse, Ltd. (AAOL)
NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY.**

In regulatory compliance relative to the Health Information Portability and Accountability Act (HIPAA) and The Health Information Technology for Economic and Clinical Health Act (HITECH)

Your (Patient) Health Care Information - Protecting Your Privacy

It is your right as a patient to be informed of the privacy practices of AAOL as well as to be informed of your privacy rights with respect to your personal health information. This Notice of Privacy Practices is intended to provide you with this information.

AAOL's Responsibilities

It is your right as a patient to be informed of AAOL's legal duties with respect to protection of the privacy of your personal health information as it pertains to the electronic medical records systems we use.

AAOL is required to:

- Maintain the privacy of your health information;
- Provide you with a notice of the legal duties and privacy practices regarding protected health information collected and maintained about you; and
- Abide by the terms of this notice.

AAOL reserves the right to change the terms of the notice of privacy practices and make the new notice provisions effective for all protected health information that it maintains. AAOL also reserves the right change the terms of its notice with respect to any applicable more limited uses and disclosures.

AAOL will promptly revise and distribute its notice whenever AAOL makes a substantial change to any of its privacy practices.

AAOL will not use or disclose your health information without your authorization, except as described in this notice.

Your Health Information Rights

You have the right to:

-Inspect and obtain a copy of your health record.

You have the right to inspect and obtain a copy of your health care record. This request for access to your health care record must be in submitted in writing to the AAOL Privacy Officer. This right may not apply to certain types of psychotherapy notes and AAOL may charge you a reasonable fee for a copy of your health care record. For example, you may request a copy of your health care record for your family physician.

-Receive Confidential Communications.

You have the right to request that AAOL communicate your health information to you by alternative means or at alternative locations. AAOL shall accommodate reasonable requests. For example, you may request to be contacted at a phone number that is different from the phone number listed in your health care record. This policy also covers electronic correspondence.

-Obtain an accounting of disclosures of your health information.

You have the right to an accounting of disclosures of your health information that AAOL has made in compliance with state and federal law after April 14, 2003. The accounting will describe the dates of each disclosure, a brief description of information disclosed and the reason for disclosure. You will receive one accounting per year at no charge and AAOL may charge you a reasonable fee for each subsequent request. For example, you may request an accounting of disclosures made from your health record in the last year to the State for disease reporting.

-Be alerted in a timely fashion of any breach of information that may occur.

-Request a restriction on certain uses and disclosures of your health information.

You have the right to request restrictions on certain uses and disclosures of protected health information, even if the restriction affects your treatment or AAOL's payment or health care operation activities. However, AAOL is not required to agree to your requested restriction

-Amend your health record.

You have the right to request an amendment to your health care record if you believe your health information is incorrect or incomplete. You may be asked to make this request in writing and state the reason why your health record should be changed. If AAOL did not create the health information you believe is incorrect or if AAOL disagrees with you, AAOL may deny your request. For example, if you believe that information in your medical history is incorrect, such as your birth date, you may request that this information be amended.

Uses and Disclosures for Treatment, Payment and Health Care Operations

AAOL is permitted by the federal privacy rule to use or disclose your protected health information for treatment, payment or health care operations.

AAOL may use or disclose your health information for routine health care operations.

AAOL may use or disclose your health information for evaluation of patient care services, evaluating the performance of health care providers, activities relating to compliance with the law and business planning and development.

AAOL may use or disclose your health information for treatment.

AAOL may use or disclose your health information in the provision, coordination or management of your health care.

Example: Your information may be disclosed from one physician to another if they are consulting each other in relation to your care and treatment.

Example: AAOL may use your health information to provide you with an appointment reminder.

Example: AAOL may send you information about treatment alternatives or other health related services that may be of interest to you.

AAOL may use or disclose your health information for payment.

AAOL may use or disclose your health information to obtain reimbursement for the provision of health care services. The bill may include information that identifies you, your diagnosis and your treatment.

Example: AAOL may use or disclose your information to your insurer to obtain payment for the provision of health care services.

Uses or Disclosures of Your Protected Health Information Permitted Without Your Authorization

Without your written authorization, AAOL may use or disclose your health information for the following purposes:

As Required by Law: AAOL may use or disclose protected health information to the extent that the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law. Uses or disclosures required by federal privacy rule and limited by the more protective requirements of state law include the following:

Disclosures about victims of elderly or child abuse;

Disclosures for judicial and administrative proceedings; or

Disclosures for law enforcement purposes.

Public health: As required by law, AAOL may disclose your protected health information to the State of Wisconsin for the purpose of statutory reporting.

AAOL may disclose your protected health information to a state or federal public health agency for the purpose of preventing or controlling disease, injury or disability.

AAOL may disclose your protected health information to a county agency investigating child abuse.

AAOL may disclose your protected health information to the Food & Drug Administration (FDA).

AAOL may disclose HIV information to a person that may have sustained a contact that carries a potential for transmission of HIV.

AAOL may disclose your protected health information that is reasonably related to a work related illness or injury if an application for workers' compensation has been filed.

Victims of abuse, neglect or domestic violence: AAOL may disclose health information except for an HIV test result if AAOL reasonably believes that an individual is a victim of child or elderly abuse.

Health oversight activities: AAOL may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example audits, investigations inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance to civil rights laws.

Judicial and Administrative Proceedings: AAOL may disclose your protected health information in response to a court order, subpoena or other legal request if AAOL is a party to a court action

Law enforcement: AAOL may disclose your protected health information to county, state and federal law enforcement officials for the reporting and investigation of elderly and/or child abuse AAOL or to a law enforcement official in response to a court order.

Coroner or Medical Examiner: AAOL may disclose your protected health information that is lawfully required to a coroner or medical examiner.

Research: AAOL may use or disclose your protected health information for research purposes if the researcher has obtained your permission or fulfilled the stringent privacy requirements of state and federal law.

To avoid a serious threat to health or safety: AAOL may disclose your protected health information under limited circumstances to law enforcement officials to avert a serious threat to health or safety.

Disclosures for specialized government functions: AAOL may disclose protected health information for national security, for protection of the President and for medical suitability determination or of Armed Forces personnel to a state or federal agency.

AAOL may disclose protected health information to limited staff of a correctional institution or a custodial law enforcement official for the provision of health care and the transport of inmates.

Workers compensation: AAOL may disclose protected health information reasonably related to a workers' compensation injury.

AAOL has attempted to explain with this notice the circumstances where state law may be more protective than the federal privacy rule and provides greater privacy protection.

Except for the situations listed above and treatment, payment or health care operation purposes, the use or disclosure of your health information requires AAOL to obtain your written authorization. You may withdraw your authorization in writing by submitting your written withdrawal to AAOL's Privacy Officer.

Electronic correspondence (online ordering, email) policy

For all patients who now or may desire to communicate with Allergy Associates of La Crosse (AAOL) via email, whether initiated by the patient or the through the AAOL website, must read, understand and agree to the following;

RISK ASSOCIATED WITH COMMUNICATING VIA THIS MEDIUM

AAOL offers patients the opportunity to communicate by email. Transmitting patient information by email, however, has a number of risks that patients should consider before using email. These include, but are not limited to, the following risks:

- Email can be circulated, forwarded, and stored in numerous paper and electronic files.
- Email can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Email senders can easily misaddress an email.
- Email is easier to falsify than handwritten or signed documents.
- Back-up copies of email may exist even after the sender or the recipient has deleted their copy.
- Employers and on-line services have a right to archive and inspect emails transmitted through their systems.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email can be used to introduce viruses into computer systems
- Email can be used as evidence in court.

CONDITIONS FOR THE USE OF EMAIL

AAOL will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, AAOL cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not caused by AAOL' intentional misconduct. Thus, patients must consent to the use of email for patient information. Consent to the use of email includes agreement with the following conditions:

1. All emails to or from the patient concerning diagnosis or treatment will be printed out and made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those emails.
2. AAOL may forward emails internally to AAOL' staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. AAOL will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
3. Although AAOL will endeavor to read and respond promptly to an email from the patient, AAOL cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient shall not use email for medical emergencies or other time-sensitive matters.
4. If the patient's email requires or invites a response from AAOL, and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
5. The patient should not use email for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
6. The patient is responsible for informing AAOL of any types of information the patient does not want to be sent by email.
7. The patient is responsible for protecting his/her password or other means of accessing to email. AAOL is not liable for breaches of confidentiality causes by the patient or any third party.
8. AAOL shall not engage in email communication that is unlawful, such as unlawfully practicing medicine across state lines.
9. It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

INSTRUCTIONS FOR COMMUNICATING WITH AAOL VIA EMAIL

To communicate by email, the patient shall

- Limit or avoid use of his/her employer's computer.
- Inform AAOL of changes in his/her email address.
- Put the patient's name in the body of the email.
- Include the category of the communication in the email's subject line, for routing purposes (e.g., billing question).
- Review the email to make sure it is clear and that all relevant information is provided before sending to AAOL.
- Inform AAOL that the patient received email from AAOL
- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding his/her computer password.

Withdraw consent only by email or written communication to AAOL.

Patient Complaint Process

If you believe your privacy rights have been violated, you may file a complaint with AAOL or with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

To file a complaint with AAOL please contact the AAOL's Privacy Officer who will provide you with the necessary assistance.

Questions or Concerns

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact:

Privacy Officer
Allergy Associates of La Crosse
2727 Midwest Drive,
Onalaska, WI 54650
608-782-2027
608-782-8598
hipaaprivacy@allergy-solutions.com

Effective Date: This Notice of Privacy Practice is effective as of April 14, 2003, and revised 3/1/2010.