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*Diplomate of the American Board
of Allergy & Immunology

July 17, 2013

Dear Patient,

The Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA, require Florida Center for Allergy & Asthma Care ("FCAAC") to provide a notice to our patients about our privacy practices, our legal duties and their rights concerning their health information. We also, are required to attempt to obtain a written acknowledgement of receipt of our Notice of Privacy Practices.

I am enclosing our Privacy Notice and an acknowledgement form. Please read the notice, complete the acknowledgement and return it to the office in which you are being treated.

If you have any questions concerning our Privacy Notice, please call the office which you are being treated. The staff will direct you to the appropriate employee for additional information.

Sincerely,

A handwritten signature in black ink that reads "Sharon Peña".

Sharon Peña
Chief Operating Officer

AVENTURA (305) 932.3252	BOCA RATON (561) 392.8832	CORAL GABLES (305) 445.9422	CORAL SPRINGS (954) 344.8100	EMERALD HILLS (954) 963.5363	FORT LAUDERDALE (954) 772.3366	HIALEAH/MIAMI LAKES (305) 362.7762	HOLLYWOOD (954) 981.9180	HOMESTEAD (305) 245.1100
KENDALL (305) 279.3366	KENDALL REGIONAL (305) 223.8919	MIAMI BEACH (305) 538.8339	NORTH MIAMI BEACH (305) 945.4131	PALMETTO BAY (305) 255.4868	PEMBROKE PINES (954) 437.3600	PLANTATION (954) 472.4848	WEST KENDALL (305) 388.0078	WESTON (954) 389.2599

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NOTICE OF PRIVACY PRACTICES

Effective July 17, 2013

THIS NOTICE OF PRIVACY PRACTICES (NOTICE) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. THE PRIVACY OF YOUR HEALTH IS IMPORTANT TO FLORIDA CENTER FOR ALLERGY AND ASTHMA CARE (FCAAC).

THIS NOTICE COVERS THE FOLLOWING HEALTH CARE PROFESSIONALS PROVIDING YOUR CARE THROUGH FCAAC:

All employees, physicians, physician assistants, nurse practitioners, nurses, administrative staff and any other health care professionals providing you care through FCAAC must abide by this Notice of Privacy Practices. FCAAC may share your information with our workforce to help them provide medical care to you.

PART 1 – FCAAC’S LEGAL DUTY

FCAAC is required by the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA, to (i) maintain the privacy of your protected health information, (ii) provide you notice of FCAAC’s legal duties and privacy practices with respect to protected health information, and (iii) notify affected individuals following a breach of unsecured protected health information. FCAAC is required to abide by the terms of the Notice currently in effect. Your health information is anything FCAAC has created or received regarding your health or payment for your healthcare. It includes both your medical records and personal information such as your name, social security, address and phone number.

PART 2- HOW FCAAC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Generally, FCAAC may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, FCAAC must use or disclose your personal health information in accordance with the specific terms of that permission. The following are the circumstances under which FCAAC is permitted by law to use or disclose your personal health information:

A. Without Your Consent for Treatment Payment and Operations

Without your consent, FCAAC may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, FCAAC is permitted to disclose your personal health information within and among its workforce in order to accomplish these same purposes. However, even with your permission, FCAAC is still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

Examples of Treatment Activities. FCAAC may use or disclose your health information to a physician, nurse, or other healthcare professional providing treatment to you. Treatment activities include: (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another.

Examples of Payment Activities. FCAAC may use and disclose your health information to obtain payment for services FCAAC provides to you, including billing and collection activities and related data processing.

Examples of Healthcare Operations. FCAAC may use and disclose your health information in connection with FCAAC’s healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

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B. As Required by Law

We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

C. Miscellaneous Permitted Activities

We may also use or disclose medical information when contacting you by phone, email, text message or mail to remind you of treatment (such as appointment reminders sent to you via voicemail or text messages, postcards, emails or letters) or to inform you of test results.

D. All Other Situations With Your Authorization

Except as otherwise permitted or required, as described above and set forth in HIPAA, FCAAC may not use or disclose your personal health information without your written authorization. You may give FCAAC written authorization to use your health information or to disclose it to anyone for any purpose. Uses and disclosures not described in this Notice will be made only with your authorization. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Authorization required; marketing. We must obtain an authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form of (a) face to face communication made by FCAAC to you; or (b) a promotional gift of nominal value provided by FCAAC.

Authorization required: Sale of Protected Health Information. FCAAC would have to obtain an authorization prior to any disclosure of protected health information which is a sale resulting in remuneration to FCAAC.

E. Communicating with a Patient's Family, Friends, or Others Involved in the Patient's Care

Even though HIPAA requires health care providers, like FCAAC, to protect patient privacy, providers are permitted, in most circumstances, to communicate with the patient's family, friends, or others involved in their care or payment for care. This section is intended to clarify these HIPAA requirements so that FCAAC does not unnecessarily withhold your health information from these persons.

Patient is Present and has the Capacity to Make Health Care Decisions. If the patient is present and has the capacity to make health care decisions, a health care provider may discuss the patient's health information with a family member, friend, or other person if the patient agrees or, when given the opportunity, does not object. A health care provider also may share information with these persons if, using professional judgment, he or she decides that the patient does not object. In either case, the health care provider may share or discuss only the information that the person involved needs to know about the patient's care or payment for care.

The following are a few examples:

- FCAAC may discuss a patient's bill with the patient's adult daughter who is with the patient at the patient's medical appointment and has questions about the charges.
- FCAAC may discuss the drugs a patient needs to take with the patient's health aide who has accompanied the patient to a medical appointment.

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• A nurse may discuss a patient's health status with the patient's brother if she informs the patient she is going to do so and the patient does not object.

BUT:

• A nurse may not discuss a patient's condition with the patient's brother after the patient has stated she does not want her family to know about her condition.

Patient is Not Present or is Incapacitated. If the patient is not present or is incapacitated, a health care provider may share the patient's information with family, friends, or others as long as the health care provider determines, based on professional judgment, that it is in the best interest of the patient. When someone other than a friend or family member is involved, the health care provider must be reasonably sure that the patient asked the person to be involved in his or her care or payment for care. The health care provider may discuss only the information that the person involved needs to know about the patient's care or payment. FCAAC will also use its professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

The following are a couple of examples:

• FCAAC may give information regarding a patient's drug dosage to the patient's health aide who calls the provider with questions about the particular prescription.

BUT:

• A nurse may not tell a patient's friend about a past medical problem that is unrelated to the patient's current condition.

PART 3 – PATIENT RIGHTS

In addition to the restrictions on our use and disclosure of your health information, you have the following specific rights regarding the use and disclosure of your health information:

Restrictions of Use and Disclosures. You may request that FCAAC restrict the use and disclosure of your health information for various reasons such as restricting that certain health information not be disclosed to a specific family member, for example. Although there are numerous reasons why you may want FCAAC to restrict the use and disclosure of your health information, FCAAC is not required to agree to a requested restriction except requests to restrict disclosure of your protected health information to a health plan if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the protected health information pertains solely to a health care item or service for which you, or person other than the health plan on behalf of you, has paid FCAAC in full. While FCAAC is generally not required to agree to any requested restriction, if FCAAC agrees to a restriction, FCAAC is bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. FCAAC will not accept a request to restrict uses or disclosures that are otherwise required by law.

Right to Request Confidential Communicaitons. You may request in writing, and FCAAC must accommodate reasonable requests by you, to receive communications of protected health information from FCAAC by alternative means or at alternative locations. FCAAC may condition the provision of reasonable accomodation on (a) when appropriate, information as to how payment, if any, will be handled; and (b) specification of an alternative address or other method of contact. FCAAC may not require an explanation from you as the basis for the request as a condition of providing communications on a confidential basis.

Access to Health Information. You have the right to look at or get copies of your health information, with limited exceptions. You may request that FCAAC provide copies in a format other than photocopies such as a PDF format via electronic mail. FCAAC will use the format you request unless we cannot practicably do so. However, providing copies of your health information in any format other than paper copies, such as electronically, comes at a risk that your information may be stolen or obtained by others. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice.

Amending Health Information and Records. You have the right to request that your health information or a specific record be amended provided you do so in writing to the person designated at the end of this Notice and you provide reasons why such health information or record

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should be amended. Although you have a right to request that your health information or records be amended, FCAAC may deny your request under certain circumstances such as when the information requesting to be amended was not created by FCAAC or the information is accurate and complete.

Accounting of Disclosures of Protected Health Information. Excluding certain disclosures, for example by way of illustration and not limitation, FCAAC's disclosures for treatment, payment and health care operations and pursuant to an authorization as provided in the Federal regulations, you have a right to receive an accounting of disclosures of protected health information made by FCAAC up to the six years prior to the date on which the accounting is requested. If you want an accounting of our use and disclosure of your health information, then please do so in writing to the person designated at the end of this Notice. We will respond in writing to your request.

Right to Obtain Paper Copy of Privacy Notice. You have the right to request a paper copy of this Notice upon request even if you agreed to receive it electronically.

PART 4 – HOW YOU MAY ASK FOR HELP OR COMPLAIN

If you need to request information from FCAAC regarding your health information or need to request an amendment to and/or restriction on the use and disclose of your health information you may do so by writing to one of FCAAC's Privacy Officers listed below in this Part 4. If you feel that your rights have been violated, you may file a complaint with one of FCAAC's Privacy Officers, and the Secretary of the Department of Health and Human Services (DHHS), the Office for Civil Rights, at the contact information below in this Part 4. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

<p><u>FCAAC's Privacy Officers</u></p> <p>Geidy Rodriguez, Director of Office Operations Shannon Saunders, Director of Office Operations Cari Crucet, Director of Office Operations Ruth Silber, Director of Human Resources 11880 SW 40th Street, Suite 304-B Miami, FL 33175 (305) 223-8808</p>	<p><u>Office for Civil Rights</u></p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW, HHH Building, Room 509H Washington D.C., 20201 Phone: 866-627-7748 TTY: 866-788-4989 Online: www.hhs.gov/ocr</p>
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PART 5 – AMENDMENTS TO THIS NOTICE OF PRIVACY PRACTICES

FCAAC reserves the right to revise or amend this Notice at any time. These revisions or amendments may be made effective for all personal health information FCAAC maintains even if created or received prior to the effective date of the revision or amendment. FCAAC will provide you with notice of any revisions or amendments to this Privacy Policy, or changes in the law affecting this Privacy Notice, by posting on its website the most recent version of this Notice, and upon written request, FCAAC will mail or electronically send to you the most recent version of this Notice.

PART 6 – ON-GOING ACCESS TO THIS NOTICE OF PRIVACY PRACTICES

FCAAC posts the most recent version of this Notice on its website at: www.florida-allergy.com. Also, upon written request to any of FCAAC's privacy officers, FCAAC will send to you by mail or electronically a copy of the most recent version of its Notice. For any other requests or for further information regarding the privacy of your personal health information, and for information regarding the filing of a complaint with us, please contact FCAAC's privacy officers at the following address or telephone number:

FCAAC's Privacy Officers

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 Shannon Saunders, Director of Office Operations
 Cari Crucet, Director of Office Operations
 Ruth Silber, Director of Human Resources
 11880 SW 40th Street, Suite 304-B
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**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT
 &
 CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

SECTION A: Patient Authorization

Name: _____ Address: _____
 Phone: _____ E-Mail: _____
 Patient #: _____ Social Security #: _____

SECTION B: To The Patient (Please read the following statements carefully):

Purpose of Consent: By signing this form (Consent), you will consent to the use and disclosure by Florida Center For Allergy & Asthma Care (FCAAC) of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read FCAAC's Notice of Privacy Practices (Notice) before you decide whether to sign this Consent. FCAAC's Notice provides a description of FCAAC's treatment, payment activities, and healthcare operations, of the uses and disclosures FCAAC may make of your protected health information, and of other important matters about your protected health information. A copy of FCAAC's Notice accompanies this Consent. FCAAC encourages you to read it carefully and completely before signing this Consent.

FCAAC reserves the right to change its privacy practices as described in its Notice. If FCAAC changes its privacy practices, FCAAC will issue a revised Notice, which will contain the changes. Those changes may apply to any of your protected health information that FCAAC maintains.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

FCAAC's Privacy Officers
 Geidy Rodriguez, Director of Office Operations
 Shannon Saunders, Director of Office Operations
 Cari Crucet, Director of Office Operations
 Ruth Silber, Director of Human Resources
 11880 SW 40th Street, Suite 304-B | Miami, FL 33175 | 305-223-8808

Right to Revoke. This consent is valid until it is revoked by you. You will have the right to revoke this consent at any time by giving FCAAC written notice of your revocation submitted to the contact person listed above. Please understand that revocation of this consent will not affect any action FCAAC took in reliance on the consent before FCAAC received your revocation, and that FCAAC may decline to treat you or continue treating you if you revoke this consent.

SIGNATURE: I, _____, have had full opportunity to read and consider the contents of this Consent and have received a copy of FCAAC's Notice of Privacy Practices. I understand that, by signing this Consent, I am giving my consent to FCAAC's use and disclosure of my protected health information to carry out treatment, payment activities and health care operations. .

Signature: _____ Date: _____

If this Consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____ Relationship to Patient: _____

You are entitled to a copy of this consent after you sign it.

FOR OFFICE USE ONLY

____ Individual refused to sign _____ Communication barriers prohibited obtaining the acknowledgment
 ____ An emergency situation prevented us from obtaining acknowledgement _____ Other

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