

ALLERGY, ASTHMA & SINUS CENTER P.C.

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Notice Regarding Privacy of Personal Health Information

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) require that the practice provide you with this Notice Regarding Privacy of Personal Health Information. The Notice describes (1) how the practice may use and disclose your protected health information and (2) the practices' duties and contact information.

I. Protected Health Information

Your protected health information may be used and disclosed by the practice in the course of providing treatment, obtaining payment for treatment, and conducting health care operations. Any disclosures may be made in writing, electronically, by facsimile, or orally. The practice may also use or disclose your protected health information in other circumstances if you authorize the use or disclosure, or if state law or the HIPAA privacy regulations authorize the use or disclosure.

* Additional Uses and Disclosures Permitted Without Authorization or An Opportunity to Object.

- When Legally Required.
- When There are Risks to Public Health.
- To Report Abuse, Neglect, or Domestic Violence.
- To Conduct Health Oversight Activities.
- For Judicial And Administrative Proceedings.
- For Law Enforcement Purposes.
- To Coroners, Funeral Directors, and for Organ Donation.
- To Prevent or Diminish A Serious and Imminent Threat to Health
- For Worker's Compensation

II. The Practice's Duties

The practice is required to ensure the privacy of your health information and to provide you with this Notice of your rights and the practice's duties and procedures regarding your privacy. The practice must abide by the terms of this Notice, as may be amended periodically. The practice reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that the practice collects and maintains. If the practice alters its Notice, the practice will provide a copy of the revised Notice through regular mail or in- person contact.

III. Complaints

If you believe that your privacy rights have been violated, you have the right to relate complaints to the 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 Practice encourages you to relate any concerns you may have regarding the privacy of your information and you will not be retaliated against in any way for filing a complaint.

IV. Contact Person

The practice's contact person regarding the practice's duties and your rights under the HIPPA privacy regulations is the Privacy Officer. The Privacy Office can provide information regarding issues related to this Notice by request. Complaints to the practice should be directed to the Privacy Officer at the following address:

Allergy, Asthma & Sinus Center
19465 Deerfield Ave.
Suite 101
Leesburg, VA 20176
Attn: Gina Del Rosso

The Privacy Officer can be contacted by telephone at: (703) 726-9720.

Name: _____ Date: _____

Signature

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