HIPAA Privacy Policies

Adrianne D. Vaughn MD./ DBA: MDVIP-AI

This notice describes how medical information about you may be used and disclosed by Alamo Allergy (AA) and how you can get access to this information. **Please review it carefully, print it, fill in the required contact information, sign it and bring it with you to your first office visit. *Please provide any Medical Power of Attorney Documents for the patient that may be in effect.**

Your Rights under HIPAA Privacy Regulations:

You have the right to:

- Get a copy of this privacy notice
- Get a copy of your paper or electronic medical record
- Request a correction to your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Grant permission for someone else to access to your records
- File a complaint if you believe your privacy rights have been violated

Your Choices:

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition *We don't do this without your permission
- Provide disaster relief
- Include you in a hospital directory *We don't do this
- Provide mental health care *We don't do this
- Market our services and sell your information *We don't do this
- Raise funds *We don't do this

Our Uses and Disclosures:

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research

- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights Explained:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this (Portal access is available)
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We comply with this request unless a law requires us to share that information. **This applies to your genetic testing information is you paid for this "out-of-pocket" but not if medical Insurance was used.** **If your Medical Insurance pays for any covered service or testing, your policy agreement with them includes your consent to allow them to view this information.*

Get a copy of this privacy notice

You will be given a paper copy of this notice, even if you have agreed to receive the notice electronically.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your **medical power of attorney** or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

Your Choices Explained:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your **written** instructions. *No verbal instructions are acceptable.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your personal information unless you give us written permission:

- For Marketing purposes; **We never market or sell your personal information**. This does not include the sale of your medical record if the Medical Practice is sold. A record transfer allows you easy and continued access to your medical records after we retire. ***When a Medical Practice is sold, another physician legally assumes responsibility for maintaining your records and guarantees continued HIPAA protection. At your request, the new custodian of your health care information would comply with a written request to transfer a copy of your medical record to another Physician.***

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures Explained:

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

To Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks us about your overall health condition.

To Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

To Bill for your services:

Billing for "Concierge" Medical Services is done under Adrianne Vaughn MD. Dr. Adrianne Vaughn and is not contracted with Medicare or any Commercial Medical Insurance Providers (i.e. BC & BS, Aetna, Cigna, UHC etc.). Billing for "Non-concierge" medical services (covered by medical insurance) is done by Dr. Michael Vaughn, (Sole Proprietor) and Independent Contractor, under his NPI 1881687879

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease

- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research. *Your name or other specific identifying information would never appear in any research publication.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly by e-mail if a breach occurs that may have compromised the privacy or security of your information. ***You are responsible for maintaining an accurate active e-mail address in our contact information for you and notifying us if you make a change.***

- We must follow the duties and privacy practices described in this notice and give you a copy
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site www.mdvip.ai).

Privacy Officer:

Dr. Michael P. Vaughn (210) 499-0033

HIPAA compliant e-mail: **info@enlightenedprimarycare.com**

Patient Name: _____ **D.O.B** ___/___/_____

Parent or Guardian of a minor (under age 18) or Medical Power of Attorney (MPOA) :
_____/ Phone: _____

*You must provide the legal document(s) that certify a MPOA. *Will be added to your Medical Record

Mailing Address:

_____

Best Contact number: _____ Alternate # _____

E-mail (Print clearly):

_____

Agreement for Office Communication by Text: (Initial to approve)

_____ I authorize Text communication from MDVIP-AI to this cellular number:
_____.

I affirm that I am an Organ donor without restrictions. _____ (Initial)

I affirm that I am an Organ donor with specific restrictions. _____ (Initial) .

*I do not wish to donate the following organs_____.

I have signed a Texas "Do Not Resuscitate" form (copy provided to my PCP and family)_____ Initial

By signing below, I am indicating that I have read and understand my privacy rights and agree to the terms and conditions of this notice.

Signature: _____

Effective Date: ____/____/_____

A Copy of this Notice was Privacy Policy provided to the patient by:

_____