



## Notice of Privacy Practices

Last updated: June 14, 2021

THIS NOTICE OF HIPAA PRIVACY PRACTICES (“**NOTICE**”) DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY LOS ANGELES FOOD ALLERGY INSTITUTE, INC., A CALIFORNIA PROFESSIONAL CORPORATION (“**LOS ANGELES FOOD ALLERGY INSTITUTE**,” “**WE**” OR “**US**”), AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE NOTICE CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“**HIPAA**”) requires us to ask each of our patients to acknowledge receipt of this Notice. The Notice is published on the Los Angeles Food Allergy Institute website, and available at Los Angeles Food Allergy Institute. **By signing this Notice, You acknowledge receipt of the Notice. You can receive a copy of the Notice by asking for one from Los Angeles Food Allergy Institute, or by printing one from our website at any time.**

### Los Angeles Food Allergy Institute Responsibilities

Under HIPAA, Los Angeles Food Allergy Institute must take steps to protect the privacy of your Protected Health Information (“**PHI**”). PHI includes information that we have created or received regarding your health or payment for your health. It includes both your medical records and personal information such as your name, social security number, financial information, address, and phone number.

Under federal law, we are required to:

- Protect the privacy of your PHI. All of our employees and physicians are required to maintain the confidentiality of PHI and receive appropriate privacy training.

- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your PHI.
- Notify you in the case of a breach of unsecured PHI.
- Follow the practices and procedures set forth in this Notice.

### **Uses and Disclosures of Your Protected Health Information That Do Not Require Your Authorization**

Los Angeles Food Allergy Institute uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and our healthcare operations. Some examples of how we may use or disclose your PHI without your authorization are listed below.

#### **TREATMENT**

- To our physicians, nurses, physician assistants, and others involved in your healthcare or preventive healthcare.
- To our different departments to coordinate treatment-related activities, such as prescriptions and lab work.
- To other healthcare providers treating you who are not on our staff such as emergency room staff, specialists and other providers. For example (and without limitation), if you are being treated for a condition involving your foot, we may share your PHI among your primary physician, the foot specialist, and your physical therapist, so they can provide proper care.

#### **PAYMENT**

- To administer your health benefits policy or contract.
- To bill you for healthcare we provide.
- To pay others who provided care to you.
- To other organizations and providers for payment activities unless disclosure is prohibited by law.

## **HEALTHCARE OPERATIONS**

- To administer and support our business activities or those of other healthcare organizations (as allowed by law), including providers and plans. For example (and without limitation), we may use your PHI to conduct quality analysis, data aggregation, review and improve our services and the care you receive and to provide training.
- To other individuals (such as consultants and attorneys) and other companies and organizations that help us with our business activities. (Note: If we share your PHI with other organizations for this purpose, they must agree to protect your privacy.)

## **OTHER**

We may use or disclose your PHI without your authorization for legal and/or governmental purposes in the following circumstances:

- As required by law - When we are required by laws, including workers' compensation laws.
- Public health and safety - To an authorized public health authority or individual to:
  - Protect public health and safety.
  - Prevent or control disease, injury, or disability.
  - Report vital statistics such as births or deaths.
  - Investigate or track problems with prescription drugs and medical devices.
- Abuse or neglect - To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.
- Minors - In general, parents and legal guardians are legal representatives of minor patients. However, in certain circumstances, as dictated by state law, minors can act on their own behalf and consent to their own treatment. In general, we will share the PHI of a patient who is a minor with the minor's parents or guardians, unless

the minor could have consented to the care themselves (except where parental disclosure may be required per applicable law).

- Oversight agencies - To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
- Legal proceedings - In the course of any legal proceeding or in response to an order of a court or administrative agency and in response to a subpoena, discovery request, or other lawful process.
- Law enforcement - To law enforcement officials in certain circumstances for law enforcement purposes. By way of example and without limitation, disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.
- Health Information Exchanges - We may participate in health information exchanges (**HIEs**) and may electronically share your medical information for treatment, payment and healthcare operations purposes with other participants in the HIEs. HIEs allow us, and your other healthcare providers and organizations, to efficiently share and better use information necessary for your treatment and other lawful purposes. In some states, the inclusion of your medical information in an HIE is voluntary and subject to your right to opt-in or opt-out; if you choose to opt-in or not to opt-out, we may provide your medical information in accordance with applicable law to the HIEs in which we participate.
- Financial information - We may ask you about income or other financial information to determine if you may qualify for services where applicable. We may use this information for operations, marketing, and administrative purposes and to improve our service offerings.
- Military activity and national security - To the military and to authorized federal officials for national security and intelligence purposes, to the Department of Veterans Affairs as required by military authorities, or in connection with providing protective services to the President of the United States.

We may also use or disclose your PHI without your authorization in the following miscellaneous circumstances:

- Contacting you directly - We may use your PHI, including your email address or phone number, to contact you. For example, we may also use this information to send you visit follow-ups and other communications relating to your care and treatment, or let you know about treatment alternatives or other health related services or benefits that may be of interest to you, via email, phone call, or text message.
- Your patient account - We may make certain PHI, such as information about care or treatment, appointment histories and medication records, accessible to you through online tools, such as email or Kareo.
- Family and friends - To a member of your family, a relative, a close friend—or any other person you identify who is directly involved in your healthcare—when you are either not present or unable to make a healthcare decision for yourself and we determine that disclosure is in your best interest. We will also assume that we may disclose PHI to any person you permit to be physically present with you as we discuss your PHI with you. For example, we may disclose PHI to a friend who brings you into an emergency room, we may allow someone other than you to pick up your prescription, and we will assume that we may discuss your healthcare with a person you bring with you to your in-office appointments.
- Unless you notify us that you object, your name, location within our facility, and general information about your health condition may be disclosed to people who ask for you by name. Members of the clergy will be told your religious affiliation if they ask. This is to help your family, friends, and clergy visit you in the facility and generally know how you are doing.
- In the waiting area of our office - When you join us in our office, we may call your name aloud in the waiting area. If you do not wish to have your name called aloud,

please tell the front desk admin and we will make adjustments to meet your request.

- Treatment alternatives and plan description—To communicate with you about treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you, or to describe our health plan and providers to you.
- De-identified information—If information is removed from your PHI so that you can't be identified, except as prohibited by law.
- Coroners, funeral directors, and organ donation—To coroners, funeral directors, and organ donation organizations as authorized by law.
- Disaster relief—To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
- Threat to health or safety—To avoid a serious threat to the health or safety of yourself and others.

### **Uses and Disclosures of Your Protected Health Information That Require Us to Obtain Your Authorization**

Except in the situations listed in the sections above, we will use and disclose your PHI only with your written authorization. This means we will not use your PHI in the following cases, unless you give us written permission:

- Marketing purposes, except as allowed by HIPAA or applicable law (by way of example, marketing communications allowed by HIPAA without authorization include communications pertaining to care or treatment and/or our products or services.)
- Sale of your information.
- Most sharing of psychotherapy notes.

In some situations, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose that specially protected PHI. For example, additional protections may apply in some states to genetic, mental health, drug and alcohol abuse, rape and sexual assault, sexually transmitted disease and/or HIV/AIDS-related information, and/or to the use of your PHI in certain review and disciplinary proceedings of healthcare professionals by state authorities. In these situations, we will comply with the more stringent state laws pertaining to such use or disclosure. If you have questions about these laws, please contact the Privacy Officer at 1-818-561-4533 or [hello@lafoodallergy.com](mailto:hello@lafoodallergy.com).

### **Your Rights Regarding Your Protected Health Information**

You have the right to:

- Request restrictions by asking that we limit the way we use or disclose your PHI for treatment, payment, or healthcare operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family or friend. Please note that we are not required to agree to your request, except when a restriction has been requested regarding a disclosure to a health plan in situations where the patient has paid for services in full and where the purpose of the disclosure is for payment. If we do agree, we will honor your limits unless it is an emergency situation.
- Ask that we communicate with you by another means. For example, if you want us to communicate with you at a different address, we can usually accommodate that request. We may ask that you make your request to us in writing. We will agree to reasonable requests.
- Request an electronic or paper copy of your PHI. We may ask you to make this request in writing and we may charge a reasonable fee for the cost of producing and mailing the copies, which you will receive usually within 30 days. In certain

situations, we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial.

- Ask to amend PHI we created that you feel is incorrect or incomplete. Your request for an amendment must be in writing and provide the reason for your request. In certain cases, we may deny your request, in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your PHI.
- Choose someone to act for you. If you have given someone 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 confirm the person has the authority and can act for you before we take any action.
- Seek an accounting of certain disclosures by asking us for a list of the times we have disclosed your PHI. Your request must be in writing and give us the specific information we need in order to respond to your request. You may request disclosures made up to six years before your request. You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee. These lists will not include disclosures made for treatment, payment, or healthcare operations and certain other disclosures as permitted by law.
- Request a paper copy of this Notice.
- Receive written notification of any breach of your unsecured PHI.
- File a complaint if you believe your privacy rights have been violated. You can file a written complaint with us at the address below, or 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 [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.



## **Communication Platforms**

We may also use PHI to send you appointment reminders and other communications relating to your care and treatment, or let you know about treatment alternatives or other health related services or benefits that may be of interest to you, via email, phone call, or text message.

We may make certain PHI, such as information about care or treatment, appointment histories and medication records, accessible to you through secured online tools such as your Los Angeles Food Allergy Institute patient account.

If you choose to communicate with us via emails, texts or chats, you acknowledge that we may exchange PHI with you via email, text or chat, that email, text and certain chat functionality may not be a secure method of communication, and that you agree to the security risks of such communication. If you would prefer not to exchange PHI via email, text or chat, you can choose not to communicate with us via those means, and you can notify us at [hello@lafoodallergy.com](mailto:hello@lafoodallergy.com).

## **Changes to Privacy Practices**

Los Angeles Food Allergy Institute may modify this Notice from time to time. The revised Notice will apply to all PHI that we maintain. We will make any such changes to this Notice by posting the revised Notice on our website. The revised notice will also be available at Los Angeles Food Allergy Institute. The date of the last update will be clearly indicated at the top of this Notice. Please review this Notice from time to time to ensure you are familiar with our HIPAA privacy practices.

## **Questions and Complaints**

If you have any questions about this Notice or would like an additional copy, please contact our Privacy Officer at 1-818-561-4533 or [hello@lafoodallergy.com](mailto:hello@lafoodallergy.com).

If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may send a written complaint to the Privacy Officer at Los Angeles Food Allergy Institute, 201 S. Buena Vista St., Suite 310, Burbank, CA 91505.

**By signing below, I acknowledge my receipt of this Notice of HIPAA Privacy Practices from Los Angeles Food Allergy Institute, and affirm that I have had any questions related to this Notice answered.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_