

WELCOME TO THE ALLERGY CENTER AT BROOKSTONE

We are happy that you have chosen our clinic for your special medical needs. We promise to provide you with the best possible healthcare available, and to make your experience with our office a pleasant one.

As a specialty clinic, we work closely with your primary care doctor to treat your allergies, asthma, allergic skin disorders, and immunology conditions. As we monitor your progress of our treatment plan, we ask that you maintain your relationship and communication with your primary care provider for treatment of all illnesses not related to our specialty.

We hope you read this patient handbook as it contains important and necessary information about our practice. If you need an additional copy, please request one from the receptionist.

THE ALLERGY CENTER AT BROOKSTONE OFFICE HOURS

Columbus Office

Monday, Tuesday, Thursday, Friday: 8:30 a.m. – 5:00 p.m.
Wednesday: 7:30 – 4:30 p.m.
Closed for Lunch: 12:00 p.m. – 1:00 p.m.

LaGrange Office

Thursday: 8:30 – 5:00 p.m.
Closed for Lunch: 12:00 p.m. – 1:30 p.m.
This office is not open every Thursday.

APPOINTMENTS

Patients are seen in the office by appointment. To schedule an appointment for our Columbus office, please call us during office hours at 706-324-4012.

To schedule an appointment for our LaGrange office, call 706-324-4012 or 706-885-0070. When you call, please specify to the receptionist that you are making an appointment for our office in LaGrange.

ALLERGY INJECTIONS

If you are receiving an allergy injection only, you do not need an appointment but should arrive within the posted injection schedule hours. Please check with the allergy shot room to verify the injection hours. Allergy injections are not given in the LaGrange office.

FRAGRANCE FREE FACILITY

Because of the nature of our specialty, we ask that you refrain from wearing perfume or other fragrances to the clinic. These odors may trigger asthma, rhinitis or migraines for some of our patients.

AFTER HOURS CARE ANSWERING SERVICE

In the event you need to speak with a physician after regular office hours, call our primary number at 706-324-4012. The answering service will contact the physician on call, and your call will be returned within the hour. If you have an emergency situation, call 911 or go to the Emergency Room immediately. Patients should not call the answering service after hours for medication refills. Patients with upper respiratory infections or flu like illness should contact their primary care physician or seek medical care at an afterhours clinic. If you call after hours, you may receive service by a Board Certified Allergist outside of the Columbus area.

PRESCRIPTION REFILLS

Prescriptions can be refilled by calling our office at 706-324-4012, ext. 13. Appointments are not always necessary to receive refills, but patients must be seen annually or more regularly as required by their physician.

MISSED APPOINTMENTS OR LATE CANCELATIONS

If you are unable to keep your appointment, you are expected to cancel your appointment with at least a 24 hour notice. Failure to cancel the appointment without a 24 hour notice is considered a “No Show” and will result in a \$25.00 missed appointment fee. Appointments for Mondays must be canceled by 2:00 p.m. on Friday to avoid being considered a no show.

To assist you in keeping appointments, we have implemented various reminder systems; however, keeping up with scheduled appointments is the responsibility of the patient. Not getting a reminder call is not an acceptable excuse for failing to show for your appointment.

Patients who consistently fail to present themselves for scheduled appointments or fail to cancel their appointments 24 hours prior to scheduled appointments will be considered chronic no-show patients. Chronic no-show patients may be discharged from the clinic.

PATIENT BILL OF RIGHTS

It is the policy of The Allergy Center at Brookstone to recognize and respect the rights and responsibilities of all patients. The following specific policies will be observed by the staff:

- Considerate and respectful care in a safe and pleasant environment.
- Be free from all forms of abuse, neglect, harassment, and exploitation.
- Privacy concerning their medical care.
- Receive complete current information concerning their diagnosis, treatment and prognosis from their physician in terms they can reasonably be expected to understand.
- Know the identity and professional status of individuals providing service to you, and to know which physician or other practitioner is primarily responsible for your care.
- Receive from their physician all information needed in order to give informed consent, as required by the laws of the State of Georgia, prior to the start of any procedure or treatment. Except in emergencies, such information should include – but not be limited to – the specific procedure or treatment and risks considered medically significant by the physician.
- Be involved in all decisions about their care. Discussions with patients will include the necessity, appropriateness, and risks of proposed care or procedure as well as discussions of treatment alternatives. You have the right to ask questions.
- Have your personal and religious beliefs honored. You have the right to discuss all treatment options and refuse any or all treatment recommendations.
- Obtain a second opinion regarding recommendations. Expenses associated with second opinions are your responsibility.
- Refuse treatment to the extent permitted by law and to be informed of the medical consequences of their actions.
- An interpreter. Interpreters should be requested at least 1 week in advance of office visit.
- Be informed of the facility rules that apply to their conduct as a patient.
- Confidential medical care and record maintenance. Information will not be released without your consent unless authorized by law. You have the right to information in your medical record and you may request a copy of your records.
- Have the opportunity to participate in decisions involving your health care, unless contraindicated by concerns of your health.
- Be able to participate or refuse to participate in any research without compromising your access to treatment and services.
- Refuse participation in experimental treatment and procedures. Should any experimental treatment or procedures be considered, they should be fully explained to the patient prior to commencement.
- Information regarding emergency and after-hours service.
- Impartial access to treatment regardless of race, color, gender, ethnicity, national origin, religious affiliation, sexual orientation, handicap or disability.
- Request information on the financial aspects of services. To estimated fee and payment information prior to any procedures.
- A fair and efficient process for resolving differences with their healthcare provider.
- The patient has the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy of health care facilities.

PROVIDER INFORMATION ON FINANCIAL INTEREST

Dr. Robert Chrzanowski and Dr. Robert Cartwright do have a financial interest and ownership in The Allergy Center at Brookstone. Dr. Tracy Bridges does not have financial interest or ownership in this practice. All physicians are compensated by salary.

HOW TO FILE A COMPLAINT OR GRIEVANCE

General complaints or grievances will be reviewed by the office manager who will address the issues and forward to the medical director as needed. If you believe your privacy rights have been violated by our practice or an employee of our practice, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. Because we are always interested in improving the quality of services provided to you, we would encourage you to contact us first. All complaints must be in writing. You will not be penalized for filing a complaint.

MEDICARE COMPLAINTS CAN BE SUBMITTED TO THE FOLLOWING

Department of Community Health – Healthcare Facility Regulation
2 Peachtree Street, Suite 31-447, Atlanta, GA 30303
Phone: 800.326.0291

COMPLAINTS AGAINST PHYSICIANS

Composite Board of Medical Examiners, Complaints Unit
2 Peachtree Street NW, 36th Floor, Atlanta, GA 30303
Phone: 404.56.3913

COMPLAINTS AGAINST NURSING STAFF

Professional Licensing Boards Division
Georgia Board of Nursing
237 Coliseum Drive, Macon, GA 31217-3858
Phone: 487.207.1640

DECLARATION OF PATIENTS' RIGHTS

The patient has the right to file a grievance with the Georgia Composite Medical Board, concerning the physician, staff, office and treatment received. The patient should send a written complaint to the board. The patient should be able to provide the physician or practice name, the address and the specific nature of the complaint. Complaints or grievances may be reported to the Board at the following address or telephone number:

Georgia Composite Medical Board - Complaints Unit
No.2 Peachtree Street, N.W. 36th Floor, Atlanta, GA 30303
Phone: 404.656.3913

THE PATIENT IS RESPONSIBLE FOR

- Providing accurate and complete health information concerning their past illnesses, medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Keeping all scheduled appointments and complying with treatment plans to ensure appropriate care.
- Taking responsibility for maximizing healthy habits, such as exercising, not smoking and eating a healthy diet.
- Respecting healthcare providers, staff, other patients and the Allergy Center's property.
- Arriving at the Allergy Center in a non-altered state. No patients will be seen under the influence of drugs or alcohol.
- Voicing concerns or problems to the facility staff.
- Requesting further information about anything they do not understand.
- Accepting personal financial responsibility for any charges not covered by their insurance.
- Having a responsible adult come with a minor child for an appointment or procedure.
- Their own actions if they refuse treatment or do not follow medical advice.
- Informing their provider about any advance directive, including a living will and/or medical power of attorney affecting care.
- Becoming involved in specific health care decisions.
- Working alongside of your health care provider in developing and carrying out agreed-upon treatment plans.
- Disclose relevant information and clearly communicate wants and needs.
- Use the health plan's internal complaint and appeal processes to address concerns that may arise.
- Avoid knowingly spreading disease.
- Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
- Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
- Become knowledgeable about his or her health plan coverage and health plan options (when available) including all covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.
- Show respect for other patients and health workers.
- Make a good-faith effort to meet financial obligations.
- Abide by administrative and operational procedures of health plans, health care providers, and government benefit programs.
- Report wrong doing and fraud to appropriate resources or legal authorities.

HEALTH INSURANCE

You are required to present all insurance cards in which you are active at the time of service. In the event you fail to notify us about other health insurance, or changes to your insurance, you will be personally responsible for the fees incurred for that date of service.

REFERRAL OR AUTHORIZATION

As a courtesy, we verify all insurance coverage possible in advance of the first visit with our Physician. Your insurance coverage is a contract between you and the insurance company and as such, you are responsible for obtaining necessary referrals and following plan guidelines. If a referral is required for your policy and it is not received by our office at the time of your appointment, we will be forced to reschedule your appointment. Any discrepancies that are discovered during the verification process may result in a delay or rescheduling of the appointment. Failure to notify us of insurance changes may result in the patient/guarantor receiving the bills for all rendered services. If a referral is needed, it is the patient's responsibility to assure that the referral is obtained and kept up to date.

CO-PAY AND DEDUCTIBLE

Payment for services is expected at the time of service. With most insurance plans, there is a portion of fees that are the patient's responsibility. Depending on the type of insurance you have, you may have an annual deductible to meet. Co-payments, co-insurance, and deductibles are collected at the time you check-in for your appointment. We will file your claim with your insurance in a timely fashion. Prompt payment of any fees not collected at the time of service is expected and appreciated. Our office will make every effort to verify your insurance benefits prior to your visit and notify you in advance.

DIVORCE AND GUARDIANSHIP

The Allergy Center at Brookstone understands that some blended family situations are complicated; however, we cannot, and will not become entangled with various arrangements set forth in Divorce Decrees and the like. Therefore, payment for any and all services rendered will be expected from the guardian that escorts the patient to their appointments. It is your responsibility to ensure that the appropriate and responsible party is present. The party responsible for the account is that person that signed the authorization for treatment prior to the divorce or separation. After a divorce or separation, the parent that authorizes treatment for the child will be the parent responsible for subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment cost, it will be the authorizing parent's responsibility to collect from the other parent.

OUT OF NETWORK SERVICES

We participate through a contract with most insurance companies and are considered "in network" for those insurance companies. If we do not participate with your particular insurance company or plan, we may be able to provide care under your "out of network" benefits. When receiving medical care from an out of network provider, you would be responsible for the difference between what your plan pays and our fee schedule. This payment would be due at the time of service. If insurance coverage cannot be verified at the time of your visit, you have the option of paying for the visit in advance and filing for your own reimbursement or rescheduling your appointment until such verification can be made.

BILLING AND COLLECTIONS

Outstanding charges that are found to be the patient's responsibility will be mailed to you on a detailed monthly statement. We allow 90 days or three statements to be mailed for a balance to be paid in full. If the account is not paid in full after 90 days of a balance entering your responsibility, your account will be turned over to our collections agency. Failure to notify our office of address changes or the submission of incorrect information does not constitute an excuse for undelivered statements or missed payments. Also, in the event that your private insurance has not reimbursed our facility for services rendered after sixty days from the date we file your claim, the patient or their Guarantor will be responsible for the payment of the full charges resulting from services rendered. In the event you feel there is a discrepancy in your account, contact the billing department as soon as possible. The Allergy Center at Brookstone, P.C. will take all the necessary steps allowed by law to collect on past due accounts. Any patient who has been placed in collections must pay any balance owed to the practice in full before the practice will see them again.

ACCEPTABLE PAYMENT METHODS

The Allergy Center at Brookstone accepts cash, credit cards, debit cards, and CareCredit. We do not accept checks.

DISABILITY AND FORM COMPLETION POLICY

We will complete required forms for disability, insurance, FMLA or others following a scheduled office visit to evaluate the patients' current condition or need for the form. There will be a fee of \$5 - \$25 when applicable. Forms may take up to 7 business days for completion. No forms are completed on a rush or emergency basis so please plan accordingly.

ADVANCE DIRECTIVE NOTIFICATION

In the State of Georgia, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Allergy Center at Brookstone upholds those rights. However, unlike in an acute care hospital setting, we do not routinely perform "high risk" procedures. Most procedures performed in this practice/facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks. Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during the course of your treatment at this practice/facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with the practice/facility's policy will not revoke or invalidate any current healthcare directive or healthcare power of attorney. At your request, our practice/facility can provide you with the necessary forms to complete your advance directive in accordance with Georgia State Law.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT

Teresa Heath, Office Manager
1220 Brookstone Centre Parkway
Columbus, Georgia
706-324-4012 or Fax 706-324-0396

If you do not agree with this practice/facility's policy, we will be pleased to assist you in rescheduling your appointment.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW THE ALLERGY CENTER AT BROOKSTONE, P.C. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.

The Allergy Center at Brookstone, P.C. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by *The Allergy Center at Brookstone* or received by *The Allergy Center at Brookstone* from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. *The Allergy Center at Brookstone* will abide by the terms of this Notice, or the Notice currently in effect at the time of the use of disclosure of your protected health information.¹

The Allergy Center at Brookstone reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not requiring Your Consent.

The Allergy Center at Brookstone may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment. We may use your PHI to treat you. For example, we may suggest that you have x-rays or diagnostic tests and we may use the results to help us reach a diagnosis. Your PHI may be disclosed to the facility at which you have your diagnostic tests in order for the healthcare providers at such diagnostic facilities to provide services to you. We might disclose your PHI to a pharmacy when we order a prescription for you.

Payment. We may use and disclose your PHI in order to bill and collect payment from you, an insurance company, or other designated third party payer for the treatment and services we provide to you. For example, we may contact your health plan to certify that you are eligible for benefits and provide your plan with details regarding your treatment to determine if the plan will cover, or pay for, your treatment.

Healthcare Operations. We may use and disclose your PHI to operate our business. For example, our practice may use your PHI to conduct quality assessment and improvement activities, review the performance of our healthcare professionals, or for general management or business planning. We may also remove identifying information from your health information so that it might be used by others to study healthcare without learning who specific patients are.

Appointment Reminders. We may use and disclose your phone number and address to contact you and remind you of an appointment.

Use and Disclosure of your PHI in certain Circumstances.

The following categories describe special situations in which we may use or disclose your PHI:

As Required by Law. We will disclose PHI when required to do so by federal, state, local law.

Public Health Risks. We will disclose your PHI to public health or government authorities that are authorized by law to collect information for purposes such as, but not limited to, the following:

- Maintaining vital records, such as births or deaths;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury, or disability;
- Reporting reactions to drugs or problems with products or devices;

- Notifying individuals if a product or device has been recalled;
 - Notifying your employer under limited circumstances required by law, primarily relating to workplace injury or illness or medical surveillance.
- Clinical research preparatory activities. We may review your (or your child's) PHI as necessary to prepare a research protocol or a similar purpose preparatory to research. The use or disclosure is sought by our partner research company, SERRG, Inc., solely to review PHI as necessary to prepare a research protocol or for a similar purpose preparatory to research. Only the PHI necessary for the Research purposes will be sought. Preparatory to research, our partner may use your name and phone number to contact you regarding potential research activities that you may qualify for.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for oversight activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary action, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

Lawsuits and Similar Proceedings. We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in the dispute, but only if the requesting party has made an effort to inform you of the request or to obtain a qualified protection order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by law enforcement for the following reasons:

- Reporting certain types of wounds and physical injuries, as required by law
- To identify/locate a suspect, material witness, fugitive, or missing person
- In an emergency or to report a crime

Serious Threats to Health or Safety. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. If you are a member (or veteran) of U.S. or foreign military forces, we may release your PHI as required by the appropriate authorities.

National Security. We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may disclose your PHI to such correctional institutions or law enforcement officials. Disclosure for these purposes would be necessary: (a.) for the institution to provide healthcare services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Worker's Compensation. We may disclose your PHI for worker's compensation and similar programs, as required by applicable laws.

Your Rights Regarding Your Protected Health Information. You have the following rights regarding the PHI that we maintain about you:

Requesting Restrictions.

You have the right to request a restriction on our use or disclosure of your (or your child's) PHI for treatment, payment, and/or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement, except when otherwise required or permitted by law or when the restricted information is necessary to treat you in an emergency. In order to request a restriction of our use or disclosure of your PHI, you must make your request in writing to *The Allergy Center at Brookstone, P.C.* in accordance with our practice's policies. Your request must be in writing and describe in a clear and concise fashion the following:

- The information you wish restricted and how you want it restricted;

- Whether you are requesting to limit our practice's use, disclosure, or both; and
- To whom you want the limits to apply.

In addition to the other restrictions regarding the disclosure of your PHI, you also have the right to pay for medical expenses "out of pocket" to avoid having medical claims filed to your insurance plan. If you wish to do this, you must submit the request in writing.

Confidential Communications.

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work, or by mail rather than telephone. We will accommodate reasonable requests, but we are not required to accommodate all requests. In order to request a type of confidential communication, you must make a written request to *The Allergy Center at Brookstone, P.C.* specifying the requested method of contact or the location where you wish to be contacted. You do not need to give a reason for your request.

Access and Copies.

You have the right to inspect and obtain a copy of the PHI that we maintain about you, including patient medical records and billing records, but not including psychotherapy notes or certain other information that may be restricted by law or pursuant to a legal or administrative process or proceeding. You must submit your request in writing to *The Allergy Center at Brookstone* in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request in accordance with Georgia law. Please contact the person named at the end of this notice for information about such fees. We may deny your request to inspect and/or copy portions of your PHI in certain limited circumstances. However, you may request a review of our denial. A licensed healthcare professional, who was not involved in the denial, will be chosen by us to conduct reviews of denials. We will comply with the outcome of the review.

Right to Amend.

If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our practice. To request an amendment, your request must be made in writing and submitted to *The Allergy Center at Brookstone, P.C.* In addition, we may deny your request if you ask us to amend information that

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for our practice;
- Is not part of the information you would be permitted to inspect and copy; and/or
- Is accurate and complete.

Accounting Disclosures.

You have the right to request an "accounting of disclosures." An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. We are NOT required to provide you with an accounting of the following disclosures:

Disclosures for treatment, payment, or the healthcare operations of our practice;

- Disclosures to you;
- Disclosures incident to uses or disclosure of your information for permitted purposes;
- Disclosures (from our facility's directory) to others involved in your care or for notifying your family member or personal representative about your general condition, location, or death when you have had the opportunity to agree to such disclosures (or they were otherwise permitted);
- Disclosures you have authorized us to make;
- Disclosures for national security or law enforcement;
- Disclosures that were part of a "Limited Data Set," which is a set of information containing only limited amounts of identifiable information as permitted by the HIPAA Privacy Rules; and/or
- Disclosures that occurred prior to April 14, 2003.
- Disclosures for activities preparatory to a Research protocol or for a similar purpose preparatory to Research.

In order to obtain an accounting of disclosures, you must submit your request in writing to *The Allergy Center at Brookstone, P.C.* All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12 month period. Our practice will notify you of the costs involved with additional requests and you may withdraw or modify your request before you incur any costs.

Immunizations.

Immunization data may be reported to school systems and public health agencies if required by law.

Breaches of PHI.

In the event that a breach of a patient's PHI is reported (in violation of our Notice of Privacy Practices), the patient will be notified regarding the details of the breach.

Sale of PHI.

Protected health information (PHI) will not be sold to any third parties for marketing or any other purposes without expressed written consent of the patient.

Marketing.

The Allergy Center at Brookstone may contact you using your demographic information to provide appointment reminders, information about treatment alternatives, health information, research study opportunities, etc. You can "opt-out" of marketing efforts or fundraising communications by submitting a written request to the practice or by emailing info@allergybrookstone.com.

Electronic Health Record.

The Allergy Center at Brookstone utilizes electronic health record (EHR) technology. This information is securely stored. You may request an electronic copy of your records or may continue to receive paper copies as necessary. The fees for medical records requests are the same regardless of the delivery method.

PHI after Death.

PHI may be released to family members involved in your care after death unless it is contrary to your wishes. If you wish to place restrictions on the use of your PHI after death you must submit the detail to us in writing.

Right to a Paper Copy of this notice.

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, see the contact information at the bottom of this notice.

Authorization for other uses and disclosures.

We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted or required by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

Right to file a complaint.

If you believe your privacy rights have been violated by our practice or an employee of our practice, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. Because we are always interested in improving the quality of services provided to you, we would encourage you to contact The Allergy Center at Brookstone, P.C. first. All complaints must be in writing. *You will not be penalized for filing a complaint.*

This Notice of Privacy Practices is effective September 23, 2013.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT the Privacy Officer at the following:

Teresa Heath, Office Manager
 1220 Brookstone Centre Parkway
 Columbus, Georgia
 706-324-4012
 706-324-0396 (Fax)