



**Allergy, Asthma  
& Immunology Center**  
OF SOUTHWEST LOUISIANA  
*320 Settlers Trace Blvd., Lafayette, LA 70508*  
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*337-981-9495*

**PATIENT CONSENT FOR USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION (PHI)**

It is the policy of our practice that all physicians and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its physicians and staff have the necessary medical and PHI to provide the highest quality of care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible.

**Who will follow this notice?**

- Any healthcare professional employed by our office
- Any clerical staff responsible for billing, scheduling, medical records, accounts receivables and payables, etc.
- Any medical student that provides care or trains in this facility
- Medical transcriptionists

**How can we use and disclose medical information about you?**

- **Treatment:** We may use your medical information to assist us in providing medical treatment or services. We may need to disclose your medical information to another physician to assist us in your treatment plan. Sometimes your medical records will need to be shared with another facility to coordinate other care that you need; such as laboratory, x-rays, prescriptions, or prior authorizations and this may not be an all inclusive list.
- **Payment:** We may use or disclose your medical information to another facility that we are referring you to or to your health plan so that they can assist you in the filing and payment of your medical claims. We may also need to provide this information to obtain benefits or authorizations for a procedure that we have scheduled for you.
- **Healthcare Operations:** We may use your medical information to evaluate the quality of care and treatment that our patients are receiving. We also do this when our physicians dictate your diagnosis and plan of care so that our transcriptionist can record these for our medical records. We may also be required to release medical information of yours when required by Federal, State or local law.
- We may also release information to a parent or legal guardian of a minor/young adult when the guardian is financially responsible for payment of medical treatments and when the minor/young adult is requesting we use a parent's insurance plan to file the services we will provide to you.

**Additional Situations:**

- For members of the armed forces or veterans, we may be required by authority to release health information as required by law.
- If you filed a workman's compensation claim we may release medical information about you to assist in these benefits.
- We may be required by law to provide your medical records to a health oversight agency for audits, investigations, inspection and licensure.
- We may release health information to authorities if we suspect there is a public risk involved such as neglect, abuse, reactions to drugs/drug products, drug recalls, or exposure to disease.
- If you are involved in a legal dispute, we may be required to release your medical records if under administrative orders such as a subpoena, warrant, summons or court order; to assist with locating a missing person, to aid in a crime, death, criminal misconduct at the facility or other emergency.
- Reasons of national security

**Your rights regarding your medical records:**

Recognize that, although our practice "owns" the medical record, the patient has a right to inspect and obtain a copy of his/her PHI. The request must be made in writing and you may incur a charge for these records. In rare circumstances we can deny your request. You have a right to request a review of this request by an on-site healthcare professional. Patients have a right to request an amendment to his/her medical record if he/she believe his/her information is inaccurate or incomplete. We may deny your request for the amendment if it was not requested in writing and if the amendment is to a medical record we did not create or if the information is accurate and complete. Patients' access to their medical records must be in writing and approved by our practice. If we deny your request, we must inform you that you may request a review of our denial. In such cases, we will have an on-site healthcare professional review your appeal.

- You have a right to request an accounting of disclosures. You must submit this request in writing and must state a time frame to which you are requesting this disclosure. The request must be specific in regards to paper or electronic.
- You have a right to request a restriction on who can review your medical records or to limit the information that can be disclosed to others. Your request must be made in writing and be specific about the person or persons that are not allowed to view your medical records and specifically what information you are limiting our disclosure.
- You have a right to a paper copy of this notice. You may ask for one at any time by contacting our office.
- If you provide us with permission to use and disclose your health information it may be revoked in writing at any time.

Changes of this notice:

We have the right to change this notice at any time. Complaints: If you believe your privacy has been violated, you may file a complaint with our office.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient or Legal Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_