



AVANT ALLERGY & ASTHMA

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THIS NOTICE IS EFFECTIVE AS OF DECEMBER 9, 2021

Pursuant to the Federal Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”) and its regulations issued at 45 C.F.R. Parts 160 through 164 (the “Privacy Regulations”), and also as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH Act”), this Notice of Privacy Practices (“Notice”) describes the uses and disclosures of protected health information (“PHI”) by Rushita Mehta MD PLLC (d/b/a Avant Allergy & Asthma) which throughout this notice will be referred to as “our practice.”

YOUR RIGHTS:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. A copy of this Notice can be obtained on our website at www.avantny.com.

Inspect and Copy. You can ask to inspect or obtain an electronic or paper copy of your medical and billing records and other health information we have about you, or to have a copy be sent to another person designated by you. You must submit a written request to your physician in order to inspect and/or obtain a copy of your health information. 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 for the copying, mailing, or other supplies or labor associated with your request.

Our practice may deny your request to inspect and obtain copies of your PHI under limited circumstances. If access is denied, you will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise review rights, and a description of how you may file a complaint to the Secretary of the U.S. Department of Health and Human Services.

Request an Amendment. You can ask us to correct health information about you that you think is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to 715 Park Avenue, Suite 2, New York, NY 10021, attn: Rushita Mehta, MD. In addition, you must provide a reason supporting your request. We may deny, or say “no” to your request for an amendment, but will tell you why in writing within 60 days.

Request Confidential Communications. You have the right to request for our practice to communicate with you involving PHI in a certain manner or at a certain location. For example, you may ask that our practice only contact you on your work phone or may request for our practice to send mail to a different address. To request confidential communications, you must make your request in writing. Please submit your written request to 715 Park Avenue, Suite 2, New York, NY 10021, attn: Rushita Mehta, MD. We will accommodate all reasonable requests.

Request Restrictions. You have the right to restrict disclosure of health information to your health insurer for services paid out-of-pocket in full prior to the service being provided. This restriction applies only if the disclosure is to a health plan for purposes of payment or health care operations and the PHI relates to a health care item or service for which the healthcare provider has been paid in full prior to the services. Unless required by law to share this information, these requests will be approved.

You have the right to request other restrictions on our practice’s use or disclosure of health information about you for treatment, payment, or operation purposes, or disclosure of health information about you to someone who is involved in your care or the payment for your care. Our practice is not required to agree to your request for these restrictions, and we may say “no” if it would affect your care. For instance, our practice will not be able to agree to requests that our practice

cannot reasonably carry out or that would interfere with your treatment such as restricting or referring or primary care physician's access to your health information. Our normal process is to send records of your visit to your referring physician. To request a restriction on the health information we use or disclose about you, you must submit a written request to our office at 715 Park Avenue, Suite 2, New York, NY 10021, attn: Rushita Mehta, MD, or by calling our office at (646) 475-1749. If we agree, we will comply with your request unless the information is needed to provide you emergency services or required by law.

Request an Accounting of Disclosures. You have the right to request an accounting of disclosures, which includes a list and description of certain disclosures made by our practice regarding your PHI, other than those made for the purposes of treatment, payment, or health care operations or pursuant to your authorization.

To request this list of accounting of disclosures, you must submit your request in writing to 715 Park Avenue, Suite 2, New York, NY 10021. Your request must state a time period which may not be longer than six years and may not include dates before our practice adopted its privacy procedures. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Copy of This Notice. You have a right at any time to request a paper copy of this Notice, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may obtain a copy of this Notice on our practice's website, <http://www.avantny.com> under Resources>>Patient Forms.

Right to Breach Notification. You have the right to receive notification of any impermissible acquisition, access, use or disclosure of your unsecured PHI. Should such a breach of your unsecured PHI occur, our practice, or its authorized representative, will notify you without unreasonable delay after the date our practice discovered the breach.

Choose Someone to Act for You. If someone is your healthcare proxy, or your legal guardian, that person can exercise your rights and make choices about your health information (if your healthcare proxy, only after there is a determination that you cannot make decisions). We will make sure the person has this authority and can act on your behalf before we take any action.

USES AND DISCLOSURES

The following describes how our practice may use or share your health information to carry out treatment, payment, and healthcare operations.

For Treatment. Your PHI may be used by staff members, or we may share it with other healthcare professionals who are treating you. We may use and disclose your protected health information to provide, coordinate, or manage your medical treatment and related services. For example, your physician may ask another physician about your overall health condition. Your PHI may be communicated to many health care professionals who contribute to your care, including, but not limited to your referring provider, hospitals, and other health care specialists, translators, and ancillary services.

For Health Care Operations. We can use and disclose your health information to run our practice, including necessary administrative, educational, quality assurance, and business functions, to improve your care, and to contact you when necessary. For example, we may also use your health information about you to manage your treatment and services.

For Payment. We can use and share your health information to bill and get payment from health plans or other entities, such as from credit card companies you may use to pay for services. For example, we may tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. Our practice may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others who process the healthcare claim.

Other Permitted Uses and Disclosures of PHI.

Additionally, use and disclosure of your PHI is permitted under the following

Appointment Reminders. Our practice may use and disclose your PHI to remind you of an appointment. Our practice may contact you by mail, e-mail, telephone (call or text). Our practice may leave voice messages at the telephone number you provide us, and we may respond to your email.

Treatment Alternatives and Health-Related Products or Services. Our practice may use and disclose your PHI to tell you about, or recommend, possible treatment options, alternatives, and health-related benefits or services that may be of interest to you.

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

Public Health Activities. We can share health information about you for certain situations such as:

- To prevent or control disease, injury, or disability
- To report adverse reaction to medications or vaccines and problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition
- To report suspected abuse, neglect, or domestic violence
- To prevent or reduce a serious threat to anyone's health or safety

Research. We can use or share your information for health research.

As Required by Law. Our practice will share information about you when required by federal, state, or local law, including with the Department of Health and Human Services if it wants to see that we're complying with federal law.

Incidental Disclosures. Certain disclosures of your PHI may occur incidental to another lawful, permitted use and/or disclosure of your PHI.

Business Associates. Our practice contracts with outside companies who perform business services for it, such as attorneys, accountants, or software vendors. In certain circumstances, our practice may need to share your PHI with a business associate so it can perform a service for our practice or on our practice's behalf. Our practice will limit the disclosure of your information to a business associate, to the minimum amount of information necessary, for the company to perform services for our practice. Our practice will have a written contract in place with the business associate requiring it to protect the privacy and security of your PHI.

Organ and Tissue Donation. If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank.

Coroners, Medical Examiners, and Funeral Directors. Our practice can share your health information with a coroner, medical examiner, or funeral director when an individual dies. For example, to identify a deceased person or determine the cause of death.

Address worker's compensation, law enforcement, or other government requests. Our practice can use or share health information about you:

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

Lawful Subpoena or Court Order. Our practice may disclose PHI in response to a court or administrative order. Our practice may also disclose PHI about you in certain cases in response to a subpoena, discovery request, if you are involved in a lawsuit or a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. Our practice may release medical information if asked to do so by a law enforcement official in response to a court order, warrant, summons, or similar process.

When Written Authorization is Required.

Other than for the purposes identified in this Notice, our practice will not use or disclose your PHI for any purpose unless you give us specific written authorization to do so, including the following:

- Uses and disclosures for marketing purposes; and
- The sale of PHI

We may, however, provide you with marketing materials in a face-to-face encounter without your authorization or communicate with alternatives or other health related products and services that may be beneficial to you in relation to your treatment.

If you change your mind after authorizing a use or disclosure of your PHI, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not undo any use or disclosure of information that occurred before you notified us of this decision. Your revocation will be effective upon our practice's receipt of your written notice of cancellation or modification of the authorization.

The Authorization to Use and/or Disclose Protected Health Information and the Revocation of Authorization to Use and/or Disclose Protected Health Information forms are available from our practice staff.

YOUR CHOICES

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, let us know.

Family and Friends. Other than HIV information, our practice may disclose to your family members or friends health information about you which is directly relevant to their involvement in your care or payment for your care, if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. Additionally, we may use or disclose your protected health information to notify or assist in the notification of a family member or friend responsible for your care or your location, general condition, or death.

OUR RESPONSIBILITY

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time. Please let us know in writing when you have changed your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

Our practice reserves the right to change the terms of this Notice at any time for any reason to the extent permitted by law, effective for PHI it already has about you, as well as any information our practice receives in the future.

This Notice, or any material revisions, will be posted in locations where patients receive services as well as on our practice’s website, <http://www.avantny.com>. The Notice will contain the effective date on the first page.

If you would like to submit a question or concern about our practice’s privacy practices, or obtain more information about your patient rights, you may do so by contacting our practice:

715 Park Avenue, Suite 2
New York, NY 10021
Attn: Rushita Mehta, MD
Phone number: (646) 475-1749

If you believe your privacy rights have been violated, you may submit a complaint in writing to our practice. You may also contact our practice by telephone. If our practice cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. We will not intimidate and/or retaliate against any individual who, in good faith, reports a complaint.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to the 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Social Security Numbers

Our practice may collect your social security number. We use social security numbers for identification and verifications, for example to provide the right medical record when two patients have the same name. Providing a social security number is voluntary. The privacy practices in the Notice apply to your social security number.

I hereby acknowledge that I have read and understand the Notice of Privacy Practices and that a copy was made available to me.

Patient’s Name: _____

DOB: _____

Responsible Party Signature: _____

Date: _____

Print Name (if other than patient): _____

Relationship: _____