



Allergy & Asthma Center

of Southern Oregon, PC

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Summary Notice of Privacy Practices

Dear Patient,

This letter is to provide you a brief summary of our privacy policies. Please take a moment to read through this information. This is provided to continue to serve your medical needs and to comply with federal and state medical privacy rules.

As a patient of our clinics, certain information about you will be collected and kept on file at our office. This information includes: name, date of birth, social security number, insurance information, medical information including, but not limited to, medication lists and diagnostic results, and personal information such as address, phone number and employer information. With your permission we may request records from healthcare professionals that you have seen in the past. We will not disclose this information to outside parties except as authorized by yourself in our Authorization to Use and Disclose Protected Health Information (PHI) form.

You have the right to view any medical information of yours that we hold. In order to receive a copy of your information, you would need to submit a request in writing.

Through your authorization, personnel in our office may view your personal information as required. This includes our medical staff, billing staff, receptionists/schedulers, clinical research staff, and ancillary staff.

If you have any questions regarding your privacy rights, please ask any of our staff.

I would like a copy of this Summary Notice of Privacy Practices after I have signed it: Yes _____ No _____

I would like a copy of your Complete Notice of Privacy Practices: Yes _____ No _____

Printed Name of Patient

Date of Birth

Signature of Patient (or Guardian)

Date