



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND BILLING INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices applies to the privacy practices of professional staff, employees, volunteers, and Medical Staff for Corpus Christi Allergy Associates.

Under the Health Insurance Portability and Accountability Act ("HIPAA"), entities named above may use and disclose your Protected Health Information ("PHI") to facilitate their own treatment, payment and operational activities relating to your care. This Notice of Privacy Practices serves as the Notice of Privacy Practices for Corpus Christi Allergy Associates.

Your Health Information 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. Forms are available on our website, <https://corpuschristiallergy.com> or by contacting Compliance and Privacy at Compliance@greateraustinallergy.com.

- **A copy of this Notice.** You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Paper copies of this notice may be obtained from any registration or admissions desk. You may obtain an electronic copy of this notice on our web site, <https://corpuschristiallergy.com>
- **Request an electronic or paper copy of your medical records, including health and claims information.** You may request an electronic or paper copy of your medical record, including health and claims information, and other health information we have about you. Corpus Christi Allergy Associates or records vendor may charge you a reasonable, cost-based fee for copying your information. You must make this request in writing.
- **Ask us to correct your medical record or your health and claims records.** You may ask us to correct your health information or health and claims records if you think they are incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days. You must make your request in writing and you must provide a reason for the request.
- **Ask us to limit what we use or share.** You may ask us not to use or share certain health information for treatment, payment, or our operations. If you personally pay in full for an item or service, or someone other than your health plan pays in full for the item or service on your behalf, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" if you have already paid in full for the item or service unless a law requires us to share that information. Otherwise, we are not required to agree to your request, and we may say "no" if it would affect your care.
- **Request confidential communications.** You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Corpus Christi Allergy Associates will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not. You must make this request in writing and you must tell us how or where you wish to be contacted.
- **Get a list of those with whom we've shared information.** You may ask for a list (accounting) of the times we've shared your health information, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, or health care operations, or certain other disclosures (such as any you asked us to make). We will include each disclosure we made for the past six (6) years, unless you request a shorter time period. We will provide one accounting a year for free but will charge you a reasonable, cost-based fee if you ask for another one within 12 months.
- **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 make sure the person has this authority and can act for you before we take any action.

- **File a complaint if you feel your rights are violated.** You may complain if you feel we have violated your rights by contacting Compliance@greataustinallergy.com. You may also file a complaint with the United States 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/. *You will not be penalized or retaliated against in any way for filing a complaint.* We will not require you to waive your right to file a complaint as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

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, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation; or
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

In these cases we never share your information unless you give us written permission:

- Most sharing of psychotherapy notes, which are kept separate from the rest of your medical record; and
- Marketing purposes.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **Treat you.** We may use your health information and share it with other professionals who are treating you. We also may share your health information with people outside Corpus Christi Allergy Associates who may be involved in your medical care, such as health care providers who will provide follow-up care after hospitalization, physical therapy organizations, medical equipment suppliers, laboratories, or pharmacies (verbal or electronic).
- **Payment.** We may use and share your health information to bill and get payment from your insurance company or a third party. For example, we may need to provide your health plan with information about treatment you received for an ear infection so that your health plan will pay us or reimburse you for the treatment. Also, we may share your health information with your other health care providers to assist those providers in obtaining payment from your insurance company or a third party. Corpus Christi Allergy Associates may use and share your health information as they pay for your services.
- **Run our organization.** We may use and share your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services or improve our services. We can also share your health information in a limited data set, which excludes some identifying information.
- **Business Associates.** We may share your health information with our business associates for any of the purposes listed above.
- **Electronic.** We may share your information electronically.

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.

- **Help with public health and safety issues.** We may share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting births and deaths; reporting suspected abuse, neglect, or domestic violence; reporting reactions to medications or product problems; or preventing or reducing a serious threat to anyone's health or safety. We may share portions of your health information with local, state, and/or federal registry programs as required. We may share your health information for these activities in a limited data set, which excludes some identifying information.
- **Do research.** We may use or share your information for health research. We may share your health information for these activities in a limited data set, which excludes some identifying information.
- **Artificial Intelligence.** We may use AI technologies to assist in documenting care, analyzing health data, supporting clinical decisions and other healthcare operations. These tools do not replace your provider's judgment. In some cases, identified data may be shared with AI vendors or researchers to improve healthcare services.
- **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to ensure we're complying with federal privacy law.
- **Respond to organ and tissue donation requests.** We may share health information about you with organ procurement organizations.
- **Work with a medical Examiner or funeral director.** We may share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests.** We may use or share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official or correctional institution; with health oversight agencies for activities authorized by law; or for special government functions, such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions.** We may share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Schools (including Child-Care Facilities, Early Childhood Programs, Primary and Secondary Schools).** We may share your immunization records with a school with a verbal authorization sometimes.

Corpus Christi Allergy Associates Responsibilities

We are required by law to maintain the privacy and security of your oral, written, and electronic PHI. Corpus Christi Allergy Associates maintains policies and procedures intended to protect PHI maintained by Corpus Christi Allergy Associates in any form. Workforce members with access to your PHI receive privacy training which covers the how PHI can be used and disclosed and actions they must take to safeguard your information. Our computer systems protect your electronic PHI at all times. We will let you know promptly if an incident occurs that may have compromised the privacy or security of your information. We will not sell 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind by contacting Compliance@greateraustinallergy.com.

Changes to This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website at <https://corpuschristiallergy.com>. This notice is effective January 1, 2026.

Contact

If you have any questions about this Notice or your privacy rights or wish to obtain a form to exercise your rights as described above, you may contact Compliance@greateraustinallergy.com.