



***Wolff Allergy & Asthma***

Fisher Building  
3011 West Grand Boulevard, Suite 210  
Detroit, MI 48202  
Office: (313)-871-7572  
Fax: (313)-871-7573

## **NOTICE OF PRIVACY PRACTICES**

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

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect January 1, 2022, and will remain in effect until we replace it.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information at the end of this Notice.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

**Treatment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing and competence or qualifications of the healthcare professions, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or health operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Required by Law.** We may use or disclose your health information when we are required to do so by law.

### **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed in the end of this Notice. We will charge you a reasonable cost-based fee for such copies. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$.75 per page of text copy.



**Wolff Allergy & Asthma**

Fisher Building

3011 West Grand Boulevard, Suite 210

Detroit, MI 48202

Office: (313)-871-7572

Fax: (313)-871-7573

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

### TO THE PATIENT – PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

**Purpose of Consent and Acknowledgement:** By signing this form, you acknowledge that you have received a copy of this office's Notice of Privacy Practices and you consent to our use and disclosure of your protected health information to carry out treatment, payment activities and healthcare operations.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide whether to sign this Acknowledgement and Consent. Our Notice Provides a description of our treatment, payment activities and healthcare operations, of uses and disclosure we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Acknowledgement and Consent. We encourage you to read it carefully and completely before signing this Acknowledgement and Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our notice, at any time by contacting:

**Right to Revoke:** You will have the right to revoke this Acknowledgement and Consent at any time by giving us written notice of your revocation submitted to the contact person listed above. Please understand that revocation of this Acknowledgement and consent will not affect any action we took in reliance on this Acknowledgement and Consent before we received your revocation, and that we may decline to treat you or continue treating you if you revoke this Acknowledgement and Consent.

I have had the full opportunity to read and consider the contents of this Acknowledgement and consent form and WolffAllergyAsthma PLLC Notice of Privacy Practices. I understand that by signing this form, I am acknowledging receiving a copy of the Notice of Privacy Practices and giving my consent for WolffAllergyAsthma PLLC to use and disclose my protected health information to carry out treatment, payment activities and healthcare operations.

**Patient Name** \_\_\_\_\_

**Patient Representative** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_