

Family Center for Allergy and Asthma – SMS Terms and Conditions

By providing your mobile number to Family Center for Allergy and Asthma, you consent to receive SMS/text messages from us for purposes including, but not limited to:

- Appointment reminders
- Scheduling confirmations or changes
- Billing notices or payment reminders
- Prescription refill notifications
- General practice updates or alerts

1. Message Frequency

Message frequency will vary depending on your appointments and ongoing care needs. Typically, you can expect 1–5 messages per month.

2. Cost

Message and data rates may apply. Please check with your mobile service provider for details on your plan.

3. Opting In

You may opt-in to SMS communication by:

- Providing your mobile number to us in person, online, or over the phone, and
- Confirming your consent through a written or electronic form.

4. Opting Out

You may opt out of SMS messages at any time by replying:

- **STOP** to unsubscribe from all future messages.
- **HELP** to receive assistance.

After opting out, you will no longer receive text messages unless you re-subscribe.

5. Privacy

Your privacy is important to us. All SMS communications are compliant with HIPAA to the extent possible; however, please be aware that text messaging is not a secure form of communication. We limit the use of personal health information (PHI) in messages.

For more information about how we protect your information, please review our Privacy Policy and HIPAA Notice of Privacy Practices.

6. Support and Contact Information

For assistance, you may reply **HELP** to any message or contact our office directly at:
240-243-6115
www.dapulallergy.com

7. Carriers

Mobile carriers are not liable for delayed or undelivered messages.



Family Center for Allergy and 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.**

I. Our Duty to Safeguard your Protected Health Information

We understand that medical information about you is personal and confidential. Be assured that we are committed to protecting that information. “Protected health information” (PHI) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. We are required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision notice and paper and electronic copies of this Notice of Privacy Practices for Protected Health Information available upon request.

In general, when we release your personal information, we must release only the information needed to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We will not use or sell any of your personal information for marketing purposes without your written authorization.

II. How We May Use and Disclose Your Protected Health Information

For uses and disclosures related to treatment, payment, or health care operations, we do not need an authorization to use and disclose your medical information:

Treatment: We may disclose your protected health information to provide, coordinate, or manage your health care and related services. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. Your medical information might also be shared among members of your treatment team or with your pharmacist(s).

Payment: We may use and/or disclose your medical information in order to bill and collect payment for your health care services or to obtain permission for an anticipated plan of treatment. For example, in order for Medicare or an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnoses, and the services provided to you. As a result, we will pass this type of health information on to an insurer to help receive payment for your medical bills.



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Health Care Operations: We may use and/or disclose your medical information in the course of operating our practice. For example, we may use your medical information in evaluating the quality of services provided or disclose your medical information to our accountant or attorney for audit purposes. In addition, unless you object, we may use your health information to send you appointment reminders or information about treatment alternatives or other health related benefits that may be of interest to you. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder to help you remember. Or we may look at your medical information and decide that another treatment or a new service we offer may interest you.

We may also use and/or disclosure your medical information in accordance with federal and state laws for the following purposes:

- We may disclose your medical information to law enforcement or other specialized government functions in response to a court order, subpoena, warrant, summons, or similar process.
- We may disclose medical information when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose medical information to authorities who monitor compliance with these privacy requirements.
- We may also disclose medical information when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. We may also disclose medical information to the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- We may disclose medical information relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
- In certain circumstances, we may disclose your health information for research purposes. Your medical record may be reviewed, and data included in a research study in compliance with federal and state laws. Your health information may be reviewed in preparation for research or to notify you about the research studies in which your provider may consider you a candidate or which you may have interest.
- In order to avoid a serious threat to health or safety, we may disclose medical information to law enforcement or other persons who can reasonably prevent or lessen the threat of harm, or to help with the coordination of disaster relief efforts.
- If people such as family members, relatives, or close personal friends are involved in your care or helping you pay for medical bills, we may release important health information about your location, general condition, or death.
- We may disclose your medical information as authorized by law relating to worker's compensation or similar programs.
- We may disclose your medical information in the course of certain judicial or administrative proceedings.



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Other uses and disclosures of health information not covered by this Notice, or by the laws that apply to us, will be made only with your written authorization. If you provide permission to use or disclose medical information about you, you may revoke that permission in writing at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

III. Your Rights Regarding Your Medical Information

You have several rights with regard to your health information. If you wish to exercise any of these rights, please contact our office Practice Administrator. Specifically, you have the following rights:

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. You must make your request in writing and tell us what information you want to limit. Written notice must be sent to the attention of the Practice Administrator at the practice. We will consider your request, but in some cases, we are not legally required to agree to these requests. However, if we do agree to them, we will abide by these restrictions. We will always notify you of our decisions regarding restriction requests in writing.
- **Right to Request Confidential Communications:** You have the right to request that you receive your PHI in a specific way or at a specific location. For example, you may ask that we send information to an alternative address or particular e-mail account. We will comply with all reasonable requests which specify how or where you wish to receive these communications.
- **Right to Access, Inspect, and Copy:** You have a right to inspect and copy your PHI if you submit a written request. If we deny your access, we will give you a written reason for the denial and explain any right to have the denial reviewed. As permitted by law, we may charge a reasonable fee for providing a copy of your PHI which covers our cost for labor, supplies, and postage.
- **Right to Amend:** You have a right to request that we correct your PHI if you believe there is a mistake or missing information our record. Your request must be in writing and give a reason as to why your health information should be changed. Any denial will state the reasons for denial and explain your rights to have the request and denial appended to your medical information. If we approve the request for amendment, we will amend the medical information and inform you.
- **Right of Accounting of Disclosures:** You have a right to receive an accounting of certain disclosures of your PHI made by the practice. The list will not include disclosures made to you; for purposes of treatment, payment or healthcare operations, for which you signed an authorization or for other reasons for which we are not required to keep a record of disclosures.
- **Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice. If you previously received an electronic copy, we will provide you with a paper copy of the Notice upon request.



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IV. Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy of it.
- We will not use or share your information other than described here unless you tell us in writing.

V. State Requirements

We have chosen to participate in the Chesapeake Regional Information System for our Patients (“CRISP”), a regional health information exchange (“HIEs”) serving Maryland. CRISP is also affiliated with and shares data with other HIEs, including those, in Alaska, Connecticut, D.C., Maryland, and West Virginia. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (“PDMP”), will still be available to providers.

VI. Changes to this Notice of Privacy Practices

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 and in our office.

VII. Questions and Complaints

If you have any questions about this Notice, we encourage you to contact us. If you feel we may have violated your privacy rights or you disagree with a decision we made about access to your medical information, please contact our HIPAA Privacy and Security Officer.

15200 Shady Grove Road, Suite 400
Rockville, MD 20850
Phone: 240.243.6115

You may also file a written complaint with the Secretary of the United States Department of Health and Human Services at the Office for Civil Rights.

We will not retaliate against you for filing a complaint. We support your right to the privacy of your health information.

This Notice is effective June 28, 2024.