

HIPAA Privacy Policy

Allergy, Asthma & Immunology Center, Ty Prince MD, PLLC (AAIC)

NOTICE OF PRIVACY PRACTICES

Updated: February 11, 2026

THIS NOTICE EXPLAINS HOW YOUR MEDICAL INFORMATION MAY BE USED OR SHARED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At **Allergy, Asthma & Immunology Center (AAIC)**, we understand the importance of safeguarding your privacy and are dedicated to maintaining the confidentiality of your health information. We maintain records of your medical care and may also receive such records from other providers. These records are used to provide you with medical care, facilitate payment for services under your health plan, and fulfill our legal and professional responsibilities in managing this practice. By law, we are obligated to ensure the privacy of protected health information, to notify individuals of our legal obligations regarding such information, and to inform affected individuals if there is a breach involving unsecured health information. This notice outlines how your information may be used or disclosed, your rights, and our legal responsibilities. Should you have any questions, please contact:

Compliance Office
AAIC Compliance Director
6701 Baum Drive, Ste 140
Knoxville, TN 37919

How This Medical Practice May Use or Disclose Your Health Information

We collect health information about you and store it both in physical files and electronically, including through a personal health record system. While the medical record belongs to this practice, the information it contains is yours. The law allows us to use or disclose your information for the following reasons:

- **Treatment:** We use your medical information to provide you with healthcare services. We may share this information with our staff and other professionals involved in your care, such as specialists or labs. For instance, we may provide your information to a pharmacy to fill a prescription or to family members who assist in your care.
- **Payment:** We use and share your health information to receive payment for services provided to you. For example, we provide necessary information to your health plan so they can process payment. We may also share your information with other providers to help them obtain payment for services they delivered.
- **Healthcare Operations:** We use and share your information to ensure that our practice operates efficiently. This includes activities such as reviewing the quality of care provided, checking the qualifications of our staff, and conducting audits, including for legal or regulatory compliance. We may also share information with business associates who assist with tasks like billing, but they are required by contract to maintain the confidentiality of your information. Additionally, we may share your health information with other healthcare providers, clearinghouses, or health plans in connection with their quality and improvement activities, case management, or other legally permitted operations.
- **Health Information Exchange (HIE):** We participate in HIEs, which enable us to share your health information with other healthcare providers and organizations to coordinate your care, manage billing, and engage in quality improvement initiatives. Participants in these networks include providers, billing companies, insurers, and health plans. Sensitive information such as mental health or HIV status may be included. For example, we participate in the Carequality HIE, details of which can be found at carequality.org.

- **Appointment Reminders:** We may contact you to remind you of upcoming appointments. If necessary, we may leave this information on your voicemail or with someone who answers your phone.
- **Sign-In Sheet:** We may ask you to sign in when you arrive at the office, and we may call out your name when it's time for your appointment.
- **Communications with Family:** We may share your information with family members or others involved in your care, unless you have instructed otherwise. We may also share information in the event of an emergency or disaster to assist with notification efforts.
- **Marketing:** We may provide information about products or services relevant to your care or recommend treatments. However, we will not use or share your information for marketing purposes in exchange for payment without your explicit authorization.
- **Sale of Health Information:** We will not sell your health information without your express written consent, and the authorization will disclose any compensation received as part of such a sale.
- **Required by Law:** We will use and disclose your information as required by law. This may include reporting certain health conditions to public health authorities or responding to legal proceedings.
- **Health Oversight Activities:** We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
- **Judicial and Administrative Proceedings:** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
- **Law Enforcement:** We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
- **Coroners:** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
- **Organ or Tissue Donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
- **Public Safety:** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **Proof of Immunization:** We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
- **Specialized Government Functions:** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
- **Workers' Compensation:** We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will

make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

- **Change of Ownership:** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
- **Breach Notification:** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
- **Research:** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
- **Substance Abuse Disorders:** If we receive or keep information about you from a substance use disorder treatment program covered by 42 CFR Part 2 (called a "Part 2 Program") through a general consent you gave that program for treatment, payment, and/or health care operations, we may use and share your record for those same purposes as explained in this Notice. We will never use or share your record, or any testimony about what is in your record, in any civil, criminal, administrative, or legislative proceeding by any federal, state, or local authority against you, unless you give written permission or a court issues an order after notifying you.

Your Rights Regarding Your Health Information

- **Right to Request Special Privacy Protections:** You may request restrictions on certain uses or disclosures of your health information. We will honor requests to restrict information shared with your health plan if you have paid for the service out-of-pocket, unless otherwise required for treatment or legal reasons. We may accept or deny other restrictions.
- **Right to Confidential Communications:** You may request that we communicate with you in a specific manner, such as sending information to a particular address or via email. We will accommodate reasonable requests.
- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your health records, with some exceptions. Requests should be made in writing. We will provide the information in your preferred format, if possible.
- **Right to Amend:** If you believe your health records are incorrect or incomplete, you may request an amendment. We may decline your request under certain circumstances, but you will be informed of the reason for the denial.

When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your Health Information Rights

- **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services

for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.

- **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
- **Right to Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
- **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in the paragraphs above regarding treatment, payment, health care operations, notification and communication with family, and specialized government functions or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
- **Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed above on this Notice of Privacy Practices.

Changes to This Notice

We reserve the right to amend this Notice of Privacy Practices at any time. Any changes will apply to all records maintained, and the current notice will be available at our office.

Complaints

Complaints regarding this notice or the handling of your health information should be directed to our Compliance Office. You can also submit a complaint to the Office for Civil Rights, DHHS at OCRMail@hhs.gov or their Atlanta office.