

**Timber Lane Allergy and Asthma Research, LLC.  
54 Timber Lane  
South Burlington, VT 05403**

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

**NOTICE OF PRIVACY POLICY**

Effective April 14, 2003

The following is the privacy policy ("Privacy Policy") of Timber Lane Allergy & Asthma Research, LLC as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires Covered Entity by law to maintain the privacy of your personal health information and to provide you with notice of Covered Entity's legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

**I. Your Research or Personal Health Information**

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals. The law specifically protects health information that contains data, such as your name, initials, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

**II. Research Uses or Disclosures of Your Personal Health Information**

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms of that permission. It is being used solely for research and is necessary for the conduct of such research. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

Without Your Consent

Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services from related research organizations, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

*Treatment activities include:* (a) the provision, coordination, or management of health care and related services by health care providers; including management of adverse events, (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another, for example research may disclose your protected health information to a pharmacy to fill a prescription for related medications, or to an x-ray facility to order an x-ray.

*Payment activities include:* (a) billing and collection activities and related data processing; (b) medical necessity and appropriateness of care reviews, eligibility for study participation, or utilization review activities; (c) disclosure to another health care provider who may need PHI to obtain payment for services.

*Health care operations include:* (a) development of clinical guidelines; standard operating procedures, and good clinical practices (b) contacting patients with information about potential studies, treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) accreditation, certification, licensing, or credentialing activities; (e) medical review and audits, legal services, and maintaining compliance programs; and (f) general administrative activities such as customer service and data analysis.

*Contacting and/or recruiting potential research subjects:* (a) physicians, and other health care providers, may contact their own patients for purposes of recruiting them to participate in a research study; (b) individuals responding to an advertisement regarding participation in a research study may be given an explanation of the study, including, but not limited to, the name of the principal investigator and description of the study.

### **III. As Required By Law**

We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. *Examples of instances in which we are required to disclose your personal health information include:* (a) public health activities including, preventing or controlling disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food or dietary supplements or product defects or problems to the Food and Drug Administration; (b) disclosures regarding victims of abuse, neglect, or domestic violence including, reporting to social service or protective services agencies; (c) health oversight activities including, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (d) judicial and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (e) law enforcement purposes for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death; (f) disclosures about decedents for purposes of cadaveric donation of organs, eyes or tissue; (g) for research purposes under certain conditions; (h) to avert a serious threat to health or safety; (i) military and veterans activities; (j) national security and intelligence activities, protective services of the President and others; (k) medical suitability determinations by entities that are components of the Department of State; (l) correctional institutions and other law enforcement custodial situations; (m) covered entities that are government programs providing public benefits, and for workers' compensation.

### **IV. Uses and Disclosures Permitted With An Opportunity to Object**

Subject to your objection, Research may disclose your protected health information (1) to a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your care or payment related to your care; or (2) when attempting to locate or notify family members or others involved in your care to inform them of your location, condition or death. Research will inform you orally or in writing of such uses and disclosures of your protected health information as well as provide you with an opportunity to object in advance. Your agreement or objection to the uses and disclosures can be oral or in writing. If you do not object to these disclosures, Research is able to infer from the circumstances that you do not object, or Research determines, in its professional judgment, that it is in your best interests for Research to disclose information that is directly relevant to the person's involvement with your care, then Research may disclose your protected health information. If you are incapacitated or in an emergency situation, Research may exercise its professional judgment to determine if the disclosure is in your best interests and, if such a determination is made, may only disclose information directly relevant to your health care.

*Miscellaneous Activities, Notice* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits, services or research opportunities that may be of interest to you. We may also disclose your personal health information to the sponsor for any research project you have signed a consent for.

## **V. Your Rights With Respect to Your Research or Personal Health Information**

Under HIPAA, you have certain rights with respect to your personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

### Right To Request Restrictions On Use, Or Disclosure and To Change My Mind

You have the right to request restrictions on certain uses and disclosures of your personal health information about yourself. *You may request restrictions on the following uses or disclosures:* to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of personal health information directly relevant to your care or payment related to your health care, or your location, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of personal health information; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

You can change your mind and: (a) Not let the researcher disclose or use your research or protected health information. (b) If you change your mind, you will send a written letter to inform Timber Lane Allergy and Asthma Research, LLC of your decision. (c) If you change your mind, researchers may only use and disclose the protected health information already collected for this research study. (d) If you change your mind, your protected health information may still be used and disclosed should you have an adverse event (a bad effect). (e) If you change your mind, you may not be allowed to continue to participate in the study.

You understand that you will not be allowed to review the information collected for the research until after the study is completed. When the study is over, you will have the right to access the information again.

While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

### Right To Receive Confidential Communications

You have the right to request that Research communicates with you through alternative means or at an alternative location. Research will make every effort to comply with reasonable requests. However, Research may condition its compliance by asking you for information regarding the procurement of payment or specific information regarding an alternative address or other method of contact. You are not required to provide an explanation for your request. Requests should be made in writing to Research's Privacy Officer.

### Right To Inspect And Copy Your Research or Personal Health Information

For as long as Research holds your protected health information, you may inspect and obtain a copy of such information included in a designated record set. A "designated record set" contains medical and billing records as well as any other records that your physician and Research uses to make decisions regarding the services provided to you. Research may deny your request to inspect or copy your protected health information if Research determines in its professional judgment that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referred to in the information. You have the right to request a review of this decision.

In addition, you may not inspect or copy certain records by law, including: (1) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and (2) protected health information that is subject to a law that prohibits access to protected health information. You may have the right to have a decision to deny access reviewed in some situations.

You must submit a written request to Research's Privacy Officer to inspect and copy your health information. Research may charge you a fee for the costs of copying, mailing, or other costs incurred by Research in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record at the number given on the last pages of this Notice.

#### Right To Amend Your Research or Personal Health Information

During the time that Research holds your protected health information, you may request an amendment of your information in a designated record set. Research may deny your request in some instances. However, should Research deny your request for amendment, you have the right to file a statement of disagreement with Research. In turn, Research may develop a rebuttal to your statement. If it does so, Research will provide you with a copy of the rebuttal. Requests for amendment must be submitted in writing to Research's Privacy Officer. Your written request must supply a reason to support the requested amendments.

#### Right To Receive An Accounting Of Disclosures Of Your Research or Personal Health Information

You have the right to request an accounting of Research's disclosures of your protected health information made for purposes other than treatment, payment or health care operations as described in this Notice. Research is not required to account for disclosures (1) which you requested, (2) which you authorized by signing an authorization form, (3) for a facility directory, (4) to friends or family members involved in your care, and (5) certain other disclosures Research is permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer and should state the time period for which you wish the accounting to include up to a six year period. Research is not required to provide an accounting for disclosures that take place prior to April 14, 2003. Research will not charge you for the first accounting you request of any 12-month period. Subsequent accountings may require a fee based on Research's reasonable costs for compliance of the request.

### **VI. Complaints**

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to our privacy officer, at Timber Lane Allergy and Asthma Research LLC, 54 Timber Lane, South Burlington, VT 05403, (802) 865-6100. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

### **VII. Amendments to this Privacy Policy**

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy, or changes in the law affecting this Privacy Notice, by mail or electronically within 60 days of the effective date of such revision, amendment, or change.

### **VIII. On-going Access to Privacy Policy**

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request sent to Timber Lane Allergy & Asthma Research, LLC. For any other requests or for further information regarding the privacy of your personal health information, and for information regarding the filing of a complaint with us, please contact our privacy officer at the address, or telephone number, listed above.

### **XI. Contact Person**

The Research's office person regarding the Research's duties and your rights under the HIPPA privacy regulations is the Privacy Officer. The Privacy Officer can provide information regarding issues related to this Notice by request. Complaints to the practice should be directed to the Privacy Officer at the following address and should include all information mentioned in section "VI. Complaints" of this Notice:

Timber Lane Allergy & Asthma Research, LLC  
54 Timber Lane  
South Burlington, VT 05403  
ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at (802) 865-6100

ACKNOWLEDGEMENT

I, \_\_\_\_\_ (patient), acknowledge that I have received a copy of Timber Lane Allergy & Asthma Research, LLC Notice Regarding Privacy of Personal Health Information.

Date: \_\_\_\_\_

\_\_\_\_\_

(Patient/Guardian's Signature)

This privacy notice is provided to you as a requirement of federal regulations developed under the Health Insurance Portability and Accountability Act (HIPPA). You may be receiving a similar form from each medical office that you receive services from.

**Please sign, date and return this page to us at the above address at your earliest convenience. Your signature only acknowledges that you have received this form. This form has no expiration date.**