Richmond Allergy &
Asthma Specialists, P.C.

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NOTICE OF PRIVACY PRACTICES

Richmond Allergy and Asthma Specialists, PC
Effective Date: February 20, 2026

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.

If you have questions about this Notice, please contact:
Richmond Allergy and Asthma Specialists, PC Privacy Officer
804-285-7420

OUR COMMITMENT REGARDING YOUR HEALTH INFORMATION

We at Richmond Allergy and Asthma Specialists, PC understand that health information about you is personal and we are committed to protecting your information and dedicated to maintaining your privacy.

We create a record of the care (treatment) and services we provide to you. We need this record in the course of conducting our business to provide care, obtain payment for care provided, carry out health care operations, and comply with legal requirements. This Notice applies to all records of your care created or received by our practice.

This Notice informs you about the ways in which we may use and disclose health information about you. It also describes your rights and our legal obligations regarding the use and disclosure of your health information.

We are required by law to:

- Ensure the confidentiality and security of health information that identifies you
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you following a breach of unsecured protected health information as required by law

THE MANNER IN WHICH WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways we may use or disclose health information. Not every use or disclosure will be listed; however, all permitted uses and disclosures will fall within one of the following categories.

Treatment
We may use and disclose your medical records and health information to doctors and staff involved in your care. Treatment includes providing, coordinating, or managing health care and related services by one or more health care providers. Examples include ordering laboratory tests, writing prescriptions, performing skin testing, or discussing your health information with other providers involved in your treatment.

Payment
Payment refers to the use and disclosure of your health information to bill and collect payment for services received from us. For example, we may contact your health insurer to verify eligibility or provide details regarding your treatment to determine coverage or payment responsibilities.

Health Care Operations
Health care operations include activities necessary to operate our practice. For example, we may use your health information to evaluate the quality of care you received, conduct cost-management activities, perform audits, engage in compliance reviews, or conduct business planning.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits or Services
We may use and disclose health information to contact you as a reminder that you have an appointment for a visit, treatment, or testing. We may also contact you about possible treatment options, alternatives, or health-related benefits or services that may be of interest to you.

Medical Emergencies
We may use and disclose health information about you if you are unable to provide consent due to a medical emergency. Any disclosure would be made only to prevent or lessen a serious and imminent threat to your health and safety or that of another person.

Authorization Required
Other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke such authorization in writing at any time, except to the extent that we have already relied on your authorization.

We will obtain your written authorization for uses and disclosures involving the sale of protected health information, certain marketing communications as required by law, and most uses and disclosures of psychotherapy notes, if applicable.

ELECTRONIC COMMUNICATIONS

We may communicate with you electronically, including by:

- Text message (SMS)
- Email

- Secure patient portal
- Automated or prerecorded calls

By providing your mobile phone number and/or email address, you consent to receive communications related to your treatment, payment, and health care operations.

You understand that:

- Standard message and data rates may apply.
- Standard email and text messaging may not be encrypted and may carry some risk of unauthorized access.
- Electronic communication should not be used for urgent or emergency medical matters. In the event of an emergency, call 911.

You may request alternative communication methods or opt out of electronic communications at any time. We will not condition treatment, payment, enrollment, or eligibility for benefits on your agreement to receive electronic communications.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

(42 CFR Part 2)

If our practice creates or maintains records relating to substance use disorder diagnosis, treatment, or referral for treatment that are protected under federal law (42 CFR Part 2), those records are subject to additional protections.

Unlike other health information, substance use disorder records generally require your written consent before being used or disclosed for treatment, payment, or health care operations unless otherwise permitted by law.

If there is a conflict between HIPAA and 42 CFR Part 2, or other applicable federal or state laws that provide greater protections, the more restrictive law will apply.

Restrictions on Use in Legal Proceedings

Substance use disorder treatment records, or testimony regarding such records, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless:

- You provide written consent; or
- A court issues an appropriate order after proper notice and opportunity for a hearing.

Any court order must be accompanied by a subpoena or other lawful mandate before disclosure is permitted.

Fundraising Opt-Out for Part 2 Records

If we maintain substance use disorder records protected under 42 CFR Part 2 and intend to use them for fundraising purposes, you will be provided a clear and prominent opportunity to opt out before such use occurs.

Redisclosure Warning

Health information disclosed pursuant to HIPAA may be subject to redisclosure by recipients and may no longer be protected by HIPAA.

Substance use disorder records disclosed pursuant to 42 CFR Part 2 remain protected by federal confidentiality laws and generally may not be redisclosed unless permitted by law.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights:

Right to Request Confidential Communications
You have the right to request that we communicate with you in a particular manner or at a certain location.

Right to Request Restrictions
You have the right to request restrictions on our use or disclosure of your health information. We are not required to agree to your request except where required by law, including when you pay out-of-pocket in full for a service and request that the information not be disclosed to your health plan.

Right to Inspect and Copy
You have the right to inspect and obtain a copy of your health information. We may charge a reasonable, cost-based fee as permitted by law.

Right to Amend
You may request that we amend your health information if you believe it is incorrect or incomplete.

Right to an Accounting of Disclosures
You have the right to request an accounting of certain disclosures of your health information made within the previous six (6) years.

Right to a Paper Copy of This Notice
You have the right to receive a paper copy of this Notice at any time.

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CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and to make the revised Notice effective for all protected health information we maintain. The current Notice will be available in our office and on our website, if applicable.

DEFINITION OF HEALTH INFORMATION

Health Information is described in federal law as protected health information (PHI). PHI is any information, whether oral or recorded in any form or medium that: Is created or received by a health care provider, health plan, public health authority, health care clearing house, employer, school or university Relates to the past, present or future physical or mental health of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual Individually identifiable health information (IIHI) is information that is a subset of health information, including demographic information collected from an individual, and which: Identifies the individual; or Establishes a reasonable basis to believe the information can be used to identify the individual

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:
Privacy Officer
Richmond Allergy and Asthma Specialists, PC
804-285-7420
You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices of Richmond Allergy and Asthma Specialists, PC.

Patient Name (Print): _____

Signature: _____

Date: _____

I understand that Richmond Allergy and Asthma Specialists, PC may refuse to evaluate and treat me if I do not consent to the use or disclosure of my health information as detailed in Notice of Privacy Practices.

If signed by personal representative, relationship to patient: _____