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## **PRIVACY POLICY**

Please review carefully the following as it describes how your medical information may be used and disclosed.

By law we are required to protect the privacy of your health information. We are required by law to give patients this Notice about our privacy practices, both our legal responsibilities and your rights concerning your health information

We may change this Notice at any time according to any changes in the law. Any changes would include information created or received before any new additions or deletions to the law are made. At that time, the Notice will be changed and the new Notice will be posted.

You may request a copy of our Notice at any time.

## **Uses and Disclosures of Your Health Information**

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

This means that we may use or disclose your health information for the following reasons:

- To a physician or other healthcare provider who is providing treatment to you
- To obtain payment for services that we provide to you
- To access the care that was provided and monitor your condition

Other reasons for disclosing your healthcare information:

- When you request and authorize, in writing, that we disclose your information. Your request may be revoked at any time. Without your written consent, we will not disclose information except as listed in this notice.
- Unless you object, your information may be released to a family member or friend who is involved in your care. If you are in an emergency situation or become incapacitated, we will release your information as deemed necessary for your care.
- We may disclose health information to any other healthcare provider involved in your care for the purposes of treatment and/or diagnosis as requested from your physician.
- When we are required by law to release your healthcare information

**For a complete copy of our Notice, which includes your rights as a patient and other circumstances for which we may release information, you may contact our office at 616-531-6900 or send a written request with your name and address to:**

Allergy Associates of Western Michigan, P.C.  
3185 Macatawa, SW • Ste B  
Grandville, MI 49418