

Allergy, Asthma, & Clinical Immunology Specialists, P.C.

Rebecca B. Raby, M.D. Heather C. James, M.D.
4021 Balmoral Drive Huntsville, Alabama 35801
Phone: (256) 382-0070 Fax: (256) 382-0089

Due to the increased costs of doing business, we have found it necessary to institute the following fees for services requested of us. Some of these fees have been in place previously and remain unchanged. Others listed below represent additions.

- **\$25 for a missed appointment by an established patient** without 24-hour notification. We accept telephone calls from 8:00 AM to 5:00 PM, Monday thru Friday. After those hours, you may leave a message on the voice mail for the receptionist to retrieve the next business day. If the appointment was scheduled less than 24 hours prior, we require a 2 hour notification.
- **\$25 for telephone calls during business hours that require a physician's attention for diagnosis, formation of an assessment of the problem, and formulation of a treatment plan** that does not result in an office visit. \$35 for telephone calls after hours. In addition, certain unpredictable matters that the nursing staff may have to handle may result in a lesser charge.
- **School Medication Forms-** \$15 for the first form (this covers the expenses of chart retrieval, analysis, and verification of medication, completion of the form) and \$5 for each form thereafter. We have been receiving numerous requests to fill out forms for over the counter medications (such as Tylenol, Advil, Benadryl, etc) and medications prescribed by other physicians. We are willing to do this, but the above stated charges will apply to these as well. We may not be able to do this for some medications prescribed by other physicians.
- **Medical Record Requests-** We will continue to provide, free-of-charge, copies of your medical records to your primary physician, the referring physician, and any other physician who requests it for continuity of care; and to your insurer, if it aids in the processing of a claim. All other requests for medical records (copies for yourself, your attorney, your disability application, etc) will be charged at the currently existing rate as follows:
 - \$5 Administrative Fee
 - \$1 per page for the first 25 pages
 - \$0.50 per page for each additional page
 - Plus Postage
- **\$5 charge for each prescription faxed to a pharmacy** (to cover chart retrieval, writing of the prescription, fax services, staff time, etc.) during office hours. We receive numerous faxes from pharmacies that are generated automatically when the refills have run out on prescriptions. Unless we receive the request directly from you, we will no longer respond to these so you will not incur a charge without your knowledge. In addition, there will be a \$5 charge for each prescription rewritten at your request after your office visit has been completed due to reasons such as forgetting you wanted a 3 month prescription instead of a 1 month; wanting the change pharmacies from the one were you submitted the original prescription (you can request this transfer of the pharmacy yourself); losing the original prescription(s) provided to you at the office visit; deciding after an office visit where you denied the need for a prescription, that you actually do need it after all; and other unforeseeable instances. Some of these may seem trivial, but the number of occurrences in a period of time dictated the necessity for instituting these fees.

- **Letter Requests-** These will usually be charged based on length of time involved in researching the subject matter, the staff time, and transcription cost. Therefore, the charge will vary per letter. A rough estimate is 25 cents per line if written by the nurse practitioner or higher if the physician must generate the letter. This includes letters at your request to your insurance company to request consideration of coverage for services that are clearly not a covered benefit of your policy as explained on your EOB. **It is your responsibility to know the description of your benefits.** In our experience, these are always denied by the carrier.
- **Other Forms-** There are numerous other forms we are asked to complete. Charges for them will be in line with those described above.

We regret that circumstances require is to take these measures. Insurance benefits dictated by the various carriers are our main source of revenue. Your insurance carrier determines your out-of-pocket costs (co-pays and deductibles) and the amounts they consider reasonable and customary for delivery of medical care. These amounts do not include the personal services described above or that may arise in the future. Our cost for providing these additional personal services for you continues to increase. We must institute these charges to keep up with the overhead expenses these personal services cost us to provide for you. We are not able to do it in any other way. We appreciate your consideration and understanding in this matter.

Allergy, Asthma, & Clinical Immunology Specialists, P.C.

Rebecca B. Raby, M.D. Heather C. James, M.D.
4021 Balmoral Drive Huntsville, Alabama 35801
Phone: (256) 382-0070 Fax: (256) 382-0089

Automated Voicemail Telephone System Information

We would like to take this opportunity to tell you about automated voicemail system. Although, this is not the most popular way of communicating, it does allow us to offer more expanded services. Every attempt was made to design the system so that it is "user friendly."

When you call our office, your call is answered by the automated system. Your call may then be handled in one of several different ways, depending on your needs. The office has several different mailbox options, including nurses' voicemail, pharmacy refills, and medical records.

Our office is not equipped to handle life-threatening emergencies. These should be handled by calling "911" or going directly to the nearest Emergency Department. If your call is URGENT, let the operator know. Each mail box will guide you through a series of questions. You will be asked to leave information after a tone. After you have answered the questions, your message will be replayed so that you can either accept or change your information, or you may remain on the line for other options. If you are leaving a message in one of the voice mailboxes and are having problems with the system, you may press "0" to speak to the operator at any time. We appreciate your cooperation and welcome your feedback at anytime. This is the best way we can handle phone messages, while maintaining the schedule in the clinic.

- **Urgent** messages are handled immediately. Your call will be placed on hold while your chart and the nurse are located. For example, if you are an asthma patient in your red zone, or if you started your home management and need help with which steps to follow, you should tell the operator your call is urgent.
- **Nurses' Voicemail** is set up to be used if you are not feeling well or have questions for the nurse. The messages are checked hourly. The calls are returned in order of priority. It is very important to keep your phone line free and to be home so that your call may be returned. The nurse will call you back to get information about your problems. If you plan to be away from the phone, please leave a mobile number or times that you may be reached. The nurse will need to know what medications you are taking, your medication allergies, and the phone number of your pharmacy. The nurse can also help with school form. Please see the office policies regarding charges and turnaround time. If you feel you need to speak to the doctor, please relay this to the nurse. Due to the time constraints of seeing patients with scheduled appointments during the day, the doctors are generally unable to return phone calls until after clinic. The nurse may be able to help you with your questions, but if not, she will leave your name and number for your doctor to call you that evening.
- **Pharmacy Voicemail** is set up for you or your pharmacy if you are requesting refills. Pharmacy refills are done on a daily basis. Please allow 48 hours turnaround time. We do not acknowledge automated fax refill request generated by pharmacies. You must request refills yourself to avoid refill charges unbeknownst to you.
- **Medical Records Voicemail** is set up for you if you are requesting medical records. It is checked on a daily basis. Please allow 48 hours for turnaround time. Please see the office policies regarding applicable charges.

Allergy, Asthma, & Clinical Immunology Specialists, P.C.

Rebecca B. Raby, M.D. Heather C. James, M.D.

4021 Balmoral Drive Huntsville, Alabama 35801

Phone: (256) 382-0070 Fax: (256) 382-0089

Dear Patient(s),

Due to the respiratory diseases our patients have, we ask that you refrain from wearing perfume or lotions that have strong fragrances when coming to this office.

Thank you,
AACIS

PLEASE READ CAREFULLY

Instructions for patients with appointments which may include allergy testing.

Most patients seen by the Allergist will require skin tests. Skin tests are inhibited by certain medications. Please note the following recommendations concerning medications you may be taking currently. If it is not possible for you to follow these directions, please contact our office at 256-382-0070 for instructions.

ANTI-HISTAMINES (DO NOT TAKE FOR THREE DAYS PRIOR TO YOUR APPOINTMENT)

Actidil	Actifed	Alavert(loratadine)	Allegra (fexofenadine)
Allegra-D	Allerest	Amitriptyline	Astelin Nasal Spray
Astepro Nasal Spray	Atarax (5 days)	Benadryl(diphenhydramine)	
Cetirizine	Chlorafed	Chor-Trimeton	Claritin
Claritin-D	Comhist		
Comhist-LA	Contac	Coricidin	Co-Tylenol
Deconamine	Dimetane DC	Dimetane DX	Dimetap
Doxepin (1-2 weeks)	Dristan	Drixoral	Dura-Tap
Elavil (amitriptyline)	Endafed	Endal HD	Extendryl
Fedahist	Fexofenadine	Histafed	
Isoclor	Limibitol	Hydroxyzine (5 days)	
Lodrane	Lodrane-D	Loratadine	Mescolor
Naldecon	Nasafed	Novafed A	
Novahistine	Nyquil	Nytol	Omade
Optimine	Patanase	PBX (Tripeleennamine)	Pediicare
Periactin	Phenergan	Polaramine	Polyhistine
Polyhistine-D	Rondec	Ru-Tuss	Rynatan
Rynatuss	Sine-Off	Sinequan	Sinutab
Sominex	Sudafed Plus	Tavist	Tavist-D
Teldrin	Triaminic	Trinalin	Qdall
Xyzal	Zyrtec(cetirizine)	Vistaril	

EYE DROPS

Claritin	Optivar	Patanol	Pataday
Zaditor	Zyrtec	(Any Allergy Eye Drop)	

OTHER ANTIHISTAMINES USED TO TREAT ULCERS OR HEARTBURN—DO NOT TAKE FOR 3 DAYS PRIOR TO APPOINTMENT

Axid Pepcid(Famotidine) Tagamet (Cimetidine) Zantac (Ranitidine)

PROTON-PUMP INHIBITORS MAY BE CONTINUED, i.e. Prevacid, Protonix, Prilosec, Acifex, Nexium

SOME TRANQUILIZERS, ANTI-DEPRESSANTS & SLEEP-AIDS MAY INTERFERE. IF YOU ARE USING ONE OF THESE, PLEASE CALL THE OFFICE TO SEE IF IT NEEDS TO BE HELD.

THE FOLLOWING DRUGS SHOULD BE STOPPED FOR 3 DAYS:

Dramamine Remeron (1 week) Resperdol Seroquel Tylenol PM
Trazadone (desyrel) Zyprexa

MEDICATIONS THAT ARE ALLOWED. IT IS NOT NECESSARY TO STOP THESE

DO NOT STOP ASTHMA INHALERS

Accolate Ambien Antibiotics
Anticonvulsants (Seizure medication)
Aspirin Effexor Klonopin Lamictal
Lexapro Lyrica Nasal Sprays except Astelin, Astepro or Patanase
Neurontin Paxil Prozac Singulair
Sonata
Steroids (Cortisone-like medications, Prednisone, Prelone, Medrol, Decadron)
Theophylline (Uni-Dur, Theo-Dur, Slo-bid) Wellbutrin Zolof
Zyflo Zyprexa

Please call the office for the following:

If your present medication is not listed, and you are not sure if it will interfere.

If you think it is not possible to stop your medication.

If you are having severe nasal or skin problems off these medications.

REMEMBER-many medications are available in generic form and may not be listed under every name under which they are marketed. Please ask your pharmacist or call the office if you have questions.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.____ for each page, \$____ per hour for staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes, other than treatment, payment, health care operations or pursuant to an authorization and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is recorded in writing.

Confidential Communications: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable, specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice by electronic mail (e-mail) or other electronic means, you are entitled to receive this form in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with or with the U.S. Department of Health and Human Services.

Contact Office: Allergy, Asthma and Clinical Immunology Specialists, P.C.

Address: 4021 Balmoral Dr. SW, Huntsville, AL 35801

Telephone: (256) 382-0070

Fax: (256) 382-0089

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 13, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may use your medical information to treat you or disclose your medical information to a physician or other health care provider for treatment to you.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To You and on Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your medical information to you, as described in the Individual Rights section of this notice. We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

Appointment Reminders: We may use your medical information to contact you to provide appointment reminders.

Facility Directory: We may use the following medical information in our facilities directories: your name, your location in our facility, your general medical condition. We will disclose this information to members of the clergy or, except for religious affiliation, to other persons. We will provide you with an opportunity to restrict or prohibit some or all disclosures for facility directories unless emergency circumstances prevent your opportunity to object.

Persons Involved in Care: We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Marketing Health Related Services: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

Fundraising: We may use your medical information to contact you for fundraising purposes. We will limit our use and disclosure to your demographic information and the dates of your health care. We may disclose this information to a business associate or foundation to assist us in fundraising activities. We will provide you with any fundraising materials and a description of how you may opt out of receiving future fundraising communications.

Research: We may use or disclose your medical information for research purposes in limited circumstances.

Death; Organ Donation: We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Required by Law: We may use or disclose your medical information when we are required to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Law Enforcement: We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

Abuse or Neglect: We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

National Security: We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or individual under certain circumstances.