

CARDIOLOGY SPECIALISTS OF VIRGINIA- PRIVACY NOTICE

This notice of privacy practices (NPP) describes how your protected health information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice was updated and replaced on October 8, 2013 and went into effect on October, 15, 2013 and remains in effect until we replace it. Your medical record information and its privacy are important to us. Each time you visit us, or any other health facility, a record of your visit is made, typically containing your examination results, diagnosis, treatment, and plan for future care. This record is a means of communication among the health professionals who contribute to your care, and it is a legal document describing the care you received, and it is also a means by which you or a third party payer can verify that services billed were actually provided. It may be a source of information for public health officials and it is also a tool which we can use to help us as we continue to improve our quality of care.

OUR RESPONSIBILITIES:

It is our duty, and is required by law, to keep your medical information (or Protected Health Information, PHI) private. We will not use or disclose your PHI without your authorization, except as described in this notice. We reserve the right to change our privacy practices and to make new provisions effective for all PHI we maintain, at any time. Should our information practices change, we will update our privacy notice and post the new notice in the waiting area and in each exam room of our office. You may request a copy of our notice at any time.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION:

There are different ways that we use and disclose your PHI, listed here. We will not use or disclose your medical information for any purpose not listed below, without your specific authorization.

For Treatment: We may use your PHI to provide you with medical treatment. Information obtained by any of our nurses, physicians, or technicians may be disclosed to other health care providers to assist them in treating you.

For Payment: We may use and disclose your PHI for payment purposes.

For Health Care Operations: We may use and disclose your PHI to assess the care and outcomes of our care. This information can be used in an effort to improve the effectiveness of the health care and services we provide.

OTHER USES OR DISCLOSURES:

Business Associates: There are some services provided to, or in association with, our organization through contacts with business associates. We may disclose your PHI to our associates so that they can perform the job we've asked them to do and bill you or your third party payer for the services rendered. To maintain protection of your PHI these associates are required to appropriately safeguard your information, although we are not responsible if they disclose your PHI in such a way to violate the privacy standards

Notification: We may use/disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

Funeral Directors: We may disclose your PHI to funeral directors consistent with applicable law

Organ Procurement Organizations: We may disclose your PHI to such organizations/entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant, consistent with applicable law.

Food and Drug Administration (FDA): We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.



Workers Compensation: We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs.

Public Health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution, Law Enforcement: If you are an inmate of a correctional institution, we may disclose PHI to the institution or agents thereof necessary for your health, and the health and safety of other individuals. PHI may be disclosed for law enforcement purposes as required by law, or in response to a valid subpoena.

Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority, or attorney; provided that a workforce member or business associate believes that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

YOUR INDIVIDUAL RIGHTS:

You Have the Right to:

1. Look at or get copies of your PHI. You may request, which must be in writing, photocopies or copies in other formats. We will use the format you request unless it is not practical for us to do so. You may get the form to request access by sending a letter, addressed to "Medical Records Coordinator". If copies are requested, we may charge you \$.50 (fifty cents) for each page, and \$10.00 postage and handling (fee allowable by Virginia law) will be added if you request the copies mailed.
2. Receive a list of all the times we or our business associates shared your PHI for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use of 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 the case of an emergency).
4. Request that we change your PHI. We may deny your request if we did not create the information you want changed 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 that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
5. Be notified following a breach of your unsecured PHI.
6. Restrain certain disclosures of your PHI to a health plan where the individual pays out of pocket **in full** for health care item or service.
7. Other uses and disclosures not otherwise described in the NPP will be made only with your authorization

QUESTIONS AND COMPLAINTS:

If you have any questions or you think that we may have violated your privacy rights, please contact our compliance co-officers, Dr. O'Brien or the practice manager. You may also submit a written complaint to the U.S. Department of Health and Human Services.

I have been provided with a copy of the notice of privacy practices.

Print Patient Name or Legal Representative

Date

Signature of Patient or Legal Representative

Date

If signed by legal representative, relationship to patient: _____