

HEART CENTER CARDIOLOGY MEDICAL ASSOCIATES

NOTICE OF PRIVACY POLICIES

The information provided below illustrates the manner your protected health information could be accessed and released and what you need to know about this process. This important document should be reviewed thoroughly. Managing the privacy of your protected health information is extremely important to Heart Center Cardiology Medical Associates.

Legal Responsibilities: As mandated by Federal and State legal requirements your protected health information must be protected. As part of these regulations we are required to ensure that you are aware of privacy policies, legal duties, and your rights to your protected health information. This summary of privacy policies, outlined below, will be in effect for the duration and must be followed by our practice. This notice will become effective on 4/14/2003.

We reserve the right to modify our privacy policies and the terms of this notice at any time, and will make modifications within the guidelines of the law. We reserve the right to make the modifications effective for all protected health information that we maintain, including protected health information we created or received before the changes.

PROTECTED HEALTH INFORMATION USE AND DISCLOSURE: Information regarding your health may be used and disclosed for the purpose of treatment, payment and other healthcare operations. Examples cited below further explain the use and disclosure process.

TREATMENT: Use and disclosure of your protected health information may be provided to a physician or other healthcare provider providing treatment to you.

PAYMENT: Your protected health information may be used and disclosed to obtain payment for services we provided.

HEALTHCARE PROCESSES: We may use and disclose your protected healthcare information in relations with our healthcare process. These processes include assessment, improvement activities, reviewing the competence or qualifications of healthcare professionals, provider performances, conducting training programs, accreditation, certification, licensing or credentialing activities.

RELEASE OF INFORMATION TO FAMILY/FRIENDS: Your protected health information may be used or disclosed to a family member, your personal representative, or another person responsible for your care. If you wish to request limitations on such disclosures of your protected health information you may do so in writing. To the extent you are incapacitated or emergency circumstances exist, we will disclose protected health information using our professional judgement disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will use our professional judgement and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up x-rays, supplies, or other forms of protected health information.

REQUIRED BY LAW: Your protected health information may be used or disclosed if required by law.

ABUSE OR NEGLECT: As required by law, if we have reason to believe that you are the victim of possible abuse, neglect or domestic violence or other possible crimes, your protected health information may be disclosed to the appropriate authorities. If we have reason to believe the use or disclosure of your protected health information will prevent a serious threat to your health or safety or the health or safety of other we may have to provide the necessary protected health information.

NATIONAL SECURITY: Under some circumstances the military may require disclosure of health care information for armed forces personnel. For the purpose of national securities activities, counter intelligence and lawful intelligence, authorized federal authorities may require disclosure of protected health information. Protected health care information disclosure may be made to correctional facilities or law enforcement authorities with the lawful authority requiring custody of such information.

APPOINTMENT REMINDERS: Your protected health care information may be used to assist you with appointment reminders in the form of voicemail messages, postcards or letters.

ACCESS: At all times you have the right to review your protected health information, within limited exceptions. At your request, we will provide your information in a format other than photocopies if we are able to accommodate your request.

Your request to obtain access to your information must be in writing. You may obtain an access form by using the contact information at the end of this notice. We may charge you a fee for expenses including copies and staff time. If you request copies, we will charge up to \$1.00 per page and \$20.00 per hour staff time to locate and copy your information. Postage will be added if you wish to have your information mailed. If you request a format option which is different, we will charge a cost based fee for that format. An explanation of fees can be made available.

DISCLOSURE ACCOUNTING: Your rights include the choice to receive a review of every time we disclosed your protected health information for reasons other than treatment, payment, healthcare information and certain other activities for the last six years but not before 4/14/03. Additional reasonable cost based fees may be extended if your requests for such information are more than one time per year.

RESTRICTIONS: You may request we apply restrictions to any disclosure of your health care information. We are not required to respond to the application of these additional restrictions. If we agree to follow your request regarding additional restrictions we will follow the agreed restrictions unless an emergency situation dictates otherwise.

ALTERNATIVE COMMUNICATION: Your rights include the option of special instructions about how you are communicated with to regarding your protected health information. Your request must be in writing and can spell out other ways or other locations regarding your protected health information communication. You must identify agreed upon explanation of payment arrangements under alternative communications.

AMENDMENT: You can initiate a written request to amend your protected health information. Included in the amendment must be an explanation why information should be amended. Certain conditions may exist where we may reject your request.

ELECTRONIC NOTICE: If you receive a notice electronically, you are entitled to receive the notice in writing as well.

COMPLAINTS: If at any time you are unsure or concerned that your protected health information has not been protected or if you believe an error was made in the decision we made about accessing your protected health information or in the response to a request you made to amend the use or disclosure of your protected health information or to have us communicate to you by an alternative means or at an alternative location, you have the right make a complaint to the U.S. Dept of Health and Human Services. We will provide you with the address to file your complaint; you will not be penalized by Heart Center Cardiology Medical Associates for filing a complaint.

QUESTIONS: We are available to assist you with any questions, concerns, or complaints. For additional information regarding further specifics of our privacy policies or to review our HIPAA policies in more detail, contact the office manager.

Contact Person: Office Manager, Heart Center Cardiology Medical Associates (805) 497-7513