

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

We are required by law (HIPAA, Health Insurance Portability & Accountability Act of 1996) to maintain the privacy of “protected health information” (PHI). PHI includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care. We may use and disclose your medical records for the following reasons: treatment, payment/insurance, and health care operations. Any other uses or disclosures will be made only with your written authorization. The terms of our privacy practices are subject to change and updates periodically and you can request a copy of the policy at any time.

Providing Treatment: We may use your PHI to provide you with medical treatment and services. Your PHI may be disclosed to doctors, nurses, and other healthcare staff involved in your medical care. Your information can also be shared with caregivers in order to coordinate your treatment during hospitalizations. We may disclose your PHI to other outside of NOVA Cardiovascular Care who are involved in your medical care such as referring physicians, pharmacies, and suppliers of medical equipment.

Obtaining Payment: We may use and disclose your PHI to that treatment and services provided by NOVA Cardiovascular Care may be billed to your insurance provider. This also includes providing PHI for Worker’s Compensation claims.

Healthcare Operations: We may utilize your PHI in aspects of running our business such as conducting quality assessment and improvement activities, auditing functions, and customer services. We may use your information to contact you for pre-registration, scheduling appointments and procedures, and responding to your requests (questions, medication refills, etc.)

Special Situations: In addition to the above, there may be times when we use or disclose your PHI as required by Law (Federal, State, or Local). We may also release your PHI in the event of a public health risk such as exposure to communicable diseases, victims of abuse/neglect, births or deaths, and in the event of a recall of products or medications.

Health Oversight Activities: We may disclose your PHI to federal or state agencies who oversee our activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful processes by someone else involved in the lawsuit or dispute.

Law Enforcement: In response to a court order, subpoena, warrant, summons, or similar process-

- To identify a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct
- About criminal activity that occurs on our premises
- In emergency circumstance to report a crime, the location of the crime, identity of the victims, or the description/location of the person who committed the crime.

Inmates: If you are an inmate of a correctional institution or under the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose your PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of another person.

Disaster Relief: When permitted by law, we may coordinate our uses and disclosures of PHI with public and private entities authorized by law or by charter to assist with disaster relief efforts.

Other Uses: Other uses and disclosures of PHI not covered by this notice or the laws that apply to use will be made with your written permission. If you grant us permission to use or disclose your PHI, you make revoke that permission, in writing, at any time. If you revoke permission, thereafter we will no longer use or disclose your PHI. You must understand that we are unable to retract any disclosures made prior to the revocation, and that we are required to retain our records for the care that we provided to you.

Your Rights: You have the following rights with respect to your PHI, which you can exercise by presenting a written request to the Privacy Officer:

- The right to inspect and copy
- The right to request an amendment
- The right to accounting of disclosures
- The right to request restrictions
- The right to request confidential communications

Changes To This Notice: NOVA Cardiovascular Care reserves the right to make changes to this notice as deemed appropriate and necessary. We reserve the right to made the updated notice effective for PHI already received, as well as any new information received in the future. A copy of the current notice is available to all patients.