

## Notice of Privacy Practices for The Cardiac & Vascular Institute

### Your Personal Health Information

Under federal law your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnostic treatment, and related medical information. Your health information also includes payment, billing and insurance information. Your information may be stored electronically and if so, is subject to disclosure.

### How We Use and Disclose Your Patient Health Information

**Treatment:** We will use and disclose your health information to provide your medical treatment or services. For example, nurses, doctors and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

**Payment:** We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment or disclose your information to payors to determine whether you are enrolled or eligible for benefits. We will submit bills and maintain records or payments from your health plan.

**Health Care Operations:** We will use and disclose your health information to conduct our standard internal operation including proper administration of records, evaluation of the quality of care, arranging for legal services and to assess the care and outcomes of your case and others like it.

### Special Uses and Disclosures

Following a procedure we may disclose information related to your care to the individual who is driving you home or who is otherwise identified as assisting in your post procedure care. We may disclose relevant health information to a family member, friend or others involved in your care or payment for your care and disclose information to those assisting in disaster relief efforts.

### Other uses and Disclosures

We may be required or permitted to use or disclose even without permission as described below:

**Required by Law:** We may be required by law to disclose your information such as suspected abuse or neglect or similar events or crimes that must be reported.

**Research:** We may disclose your information for approved medical research.

**Public Health Activities:** We may disclose vital statistics, disease information related to recall or dangerous products or similar information to public health authorities.

**Health Oversight:** We may disclose information to assist in investigations and audits, eligibility for government programs and similar activities.

**Judicial & Administrative Proceedings:** We may disclose information in response to an appropriate subpoena, discovery requests or a court order.

**Deaths:** We may disclose information regarding deaths to coroners, medical examiners, funeral directors, or organ donor agencies.

**Serious Threat to Health or Safety:** We may use and disclose information necessary to prevent a serious threat to your or to public health and safety.

**Military & Special Govt. Functions:** If you are a member of the Armed forces, we may release your information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

**Workers Compensation:** We may release information about you for Workers Compensation or similar programs providing benefits for work-related injuries or illnesses.

**Business Associates:** We may disclose your health information to our business associates, provided they agree to protect your information.

**Messages or Reminders:** We may contact you via any of the other contact methods you provide to us regarding your medical care, appointments, billing issues, etc. and we may leave messages on your answering machine, voice mail or through other methods.

In any other situations, we will ask for your written authorization before using or disclosing your identifiable health information. If you choose to sign an authorization to disclose information you can later revoke that authorization to stop any future uses and disclosures. Subject to compliance with limited exceptions, we will not use or disclose your health information for marketing purposes, or sell your health information unless you have signed an authorization.

### Your Individual Rights

You have the following rights with regard to your health information. The Contact Person listed below can provide you the information needed to exercise these rights.

-You may request restrictions on certain uses and disclosures. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid in full, out of pocket for the item or service covered by the request and when the uses or disclosures are not required by law.

-You may ask us to communicate with you confidentially by sending notice to a special address or by not using postcards to remind you of appointments.

-In most cases you have the right to look at or get a copy of your health information. There may be a small charge for copies.

-You have the right to request that we amend your information.

-You may request a list of disclosures of information about you for reasons other than treatment, payment or health care operations except for other exceptions.

-You have the right to obtain a paper copy of the current version of this Notice upon request if you have previously agreed to receive it electronically.

### Our Legal Obligations and Duties

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured protected health information.

### Changes in Privacy Practices

We may change this Notice at any time and make the new terms effective for all health information we hold. The effective date of this Notice is listed at the bottom of the page. If we change our Notice we will post the new Notice in the waiting areas. For more information about the privacy practices, contact the person listed below.

### Complaints or Concerns

If you are concerned that we may have violated your privacy rights you may contact the person listed below. You may also send a written complaint to the US Dept. of Health & Human Services. The person listed below will provide you with the address upon request. You will not be penalized in any way for filing a complaint.

### CONTACT PERSON:

Norma Wyckoff, Compliance Officer  
352-375-1212

I acknowledge the Notice or Privacy Practices has been provided to me.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Staff Witness \_\_\_\_\_

Date: \_\_\_\_\_

If not signed, reason why:  
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Effective Date: August 30, 2013