

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.

SUMMARY

The summary below does not cover every point, so please read the whole notice for full details and examples.

1. **This notice tells you how we use your medical information and how we may share it with others. In brief, there are three kinds of situations:**
 - § By agreeing to be treated, you allow us to use and share your medical information to care for you, for billing, and for the operation of our practice.
 - § For certain public health, legal, research, and other situations describe in this notice, we can use and share your medical information without your permission.
 - § If you give us permission, we can use and share your medical information in other ways.

2. **This notice tells you what your rights are regarding your medical information. It also tells you how to exercise your rights. Some highlights:**
 - § In most cases, you can inspect your medical information and get a copy of it.
 - § You also can limit what information is used or shared, and you can ask us to communicate in a certain way to protect your privacy.
 - § You can ask us to change any information you think is wrong or incomplete.
 - § You may ask us how your medical information has been used under certain circumstances.

3. **This notice tells you what our legal duties are in using and protecting your medical information.** Most important, we are required by law to protect the privacy of your medical information.

If you have any questions about this notice or our privacy practices, please contact our Privacy Office, Karen Wazir, at (304) 766-3688.

GENERAL INFORMATION

Each time you visit a physician, hospital or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, a plan for your care, and billing-related information. In this notice, we will call these records your medical information.

This notice applies to your medical information that we create or keep at South Charleston Cardiology Associates, PLLC. These records may be made by our doctors and other people who work here, or they may be made by another doctor, hospital, or someone acting on our behalf. Any medical records we did not make ourselves probably also are kept by the hospital, organization, or person that created them. Those doctors, hospitals and other organizations have their own privacy policies, which may be different from ours.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice at any time. If we change it, the new notice will apply to all information that we already have about you, as well as any new information. We will always keep a copy of the current notice, with its effective date, posted in our building. If you want a copy of a revised privacy notice, just call our office or ask us when you are here. We will be happy to mail it or give it to you.

YOUR MEDICAL INFORMATION

There are generally three kinds of situations in which we can use or share your medical information.

SITUATION 1: WE CAN USE OR SHARE YOUR MEDICAL INFORMATION FOR TREATMENT, PAYMENT, AND FOR OUR HEALTH CARE OPERATIONS.

By agreeing to be treated, you allow us to use and share your medical information for your care, to receive payment, and to operate our practice. The people who can use or share this information to provide health care to you include our doctors, our office staff, and people outside our office who are involved in your care and treatment. We can use your medical information to get payment for your health care bills and to support the operation of our practice.

- **For Treatment**
We will use and share your medical information to care for you and to coordinate or manage your health care and the services you need. We will provide necessary medical information to the people or organizations involved in your care. These might include doctors, nurses, physician assistants, technicians, and hospitals.

Examples

- § Provide information that a hospital needs to care for you.
- § Send information to a specialist, lab, or other provider we have referred you to for treatment.
- § Send information to a doctor who treats you in the future.
- § Coordinate things you need, such as prescriptions, lab work, and test results.

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- **For Payment**

We will use and share your medical information to obtain payment for the care you receive. We may share information to find out whether a service is covered and for billing, claims management, medical data processing, and payment. We may send this information to those who are involved in paying your medical bill(s). This may be an insurance company or other entity, or someone who officially represents them. The information may include copies or parts of your medical record that are necessary for payment.

Examples

- § Send your insurance company information that identifies you, your diagnosis, and the procedures and supplies used.
- § Tell your health plan about treatment you are going to receive to find out whether your plan will cover it.

- **For Health Care Operations**

We are allowed to use or share your medical information in order to support the business activities of our practice. This covers many day-to-day operations and activities. For instance, we need to assess the quality of care, we need to review employees' performance. We may also disclose your information to another covered entity to allow it to perform its day-to-day operations, but only to the extent that we both have a relationship with you.

Examples

- § Combine your information with information from other patients to allow us to review the information and make suggestions on how to improve the quality of care we provide or to decide whether we need to offer new services.
- § Carry out internal auditing, licensing, legal or credentialing activities.
- § Remind you of your appointment (when disclosing information, primarily appointment reminders and billing/collection efforts, we may leave messages on your answering machine or voice mail).

Some of our services are provided by other business. We have contracts with laboratory services, billing, transcription services, and consultants, for example. We will share your medical information with them to the extent necessary.

Sometimes we know of treatment alternatives or other health-related benefits and services that may be of interest to you. We may use or share your medical information, as needed, to provide you with that information. We may also use and share your medical information for other marketing activities.

SITUATION2: WE CAN USE OR SHARE YOUR MEDICAL INFORMATION IF YOU GIVE PERMISSION.

Except for the uses just listed and the exceptions listed later, we must have your permission to use or share your health information. Here are some common situations and the ways we handle them.

- **Others Involved in Your Health Care**

Sometimes a family member or other person is assisting you or involved in your health care. When our doctors are seeing you, they may ask you whether they can tell that family member or other person about your medical information that directly relates to his or her role in your health care.

may share the necessary information if we decide that it is in your best interest based on our professional judgement.

Examples

- § Coordinate the providing of medical information to family or other people involved in your care.
- § Notify (or help notify) a family member or other person who is responsible for your care of where you are, what your general condition is, or of your death.

- **Emergencies**

We may use or share your medical information when you need emergency care. If this happens, your doctor will try to get your consent as soon as reasonably possible after you have been treated. If our doctor is required by law to treat you and tries to get your consent but cannot, he or she may still use or share your medical information to treat you.

- **Communication Barriers**

Sometimes we cannot get a patient’s consent because of communication barriers. If our doctor tries to get your consent but cannot because of these barriers, he or she will use professional judgement to decide whether you intend to consent to having the information used or shared under the circumstances.

We will use and share your medical information in other ways if you give us written permission - called an authorization (unless the law allows or requires us to do otherwise). You may revoke the authorization at any time in writing. This will stop future use or sharing of the information; it will not apply to the actions your doctor or our practice took while we had your permission to take them.

SITUATION 3: USES THAT DO NOT REQUIRE YOUR PERMISSION.

The law allows us to use or share your medical information in certain situations even if you do not give permission. In these cases, you do not have the opportunity to object. These situations include:

- **Health Oversight**

We may give medical information to a health oversight agency for its official activities, such as audits, investigations, and inspections. This applies to agencies that oversee the health care system, government benefit programs, civil rights laws, and other government regulatory programs.

- **Food and Drug Administration**

We may be required to give the FDA medical information related to products or activities it regulates. The information may relate to product recalls, reporting of adverse events, or other FDA activities.

- **Legal Proceedings**

- § We may be required to provide medical information in several legal situations:
in the course of judicial or administrative proceeding,

§ when we are ordered to by a court or administrative tribunal,
§ in response to a valid subpoena, discovery request, or other lawful process, in the
event that certain conditions exist.

- **Law Enforcement**

We may also provide medical information for law enforcement purposes. We may be required to report certain types of wounds or other physical injuries. We may be required to respond to court orders, warrants, or subpoenas for information relevant to law enforcement. We also are allowed to give information to police in the following situations:

- § When they need limited information to help them locate or identify a person.
- § When the information relates to victims of a crime.
- § When a death may have been caused by criminal conduct.
- § If a crime occurs on our property.
- § If there is a medical emergency somewhere else in which it is likely that a crime has occurred.

- **Coroners, Funeral Directors, and Organ Donation**

We may give medical information to a coroner or medical examiner to perform legal duties, including identifying a person who has died and finding the cause of death. We may also give medical information to a funeral director, as allowed by law. Medical information may be used and shared when there is a donation of organs, eyes, or tissue.

- **Research**

For most clinical research studies, we must have your permission. However, in some projects researchers just review the records instead of working directly with the patients. We may share your medical information for these kinds of projects when the necessary steps have been taken to protect your privacy. Typically an institutional review board approves the research and develops procedures to assure the privacy of your medical information.

- **Serious Threat to Health or Safety**

We may use and share your medical information to prevent a serious threat to your health and safety, or to the health and safety of the public or another person.

- **Military Activity and National Security**

If you are in the armed forces, we may use or share medical information in some cases. We also would provide information to allow the Department of Veterans Affairs to determine whether you are eligible for benefits. If you are a member of a foreign military service, we may share information with that service. We may also give your medical information to certain federal officials for conducting intelligence, counterintelligence, and some other national security activities. This includes information needed to provide protection to the President or others who are legally protected.

- **Workers' Compensation**

As authorized, we may provide your medical information to comply with workers' compensation laws and similar programs.

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- **Inmates**

If you are an inmate of a correctional institute or under the custody of a law enforcement officer, we may give your medical information to the correctional facility or law enforcement agency.

- **State-Specific Requirements**
West Virginia has its own privacy related laws which may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

YOUR MEDICAL INFORMATION RIGHTS

Although all records we have about your health care are our property, you have the following rights:

- **The Right to Inspect and Copy**
You have the right to inspect and get a copy of medical information about you that may be used to make decisions about your care. Usually, this includes medical and billing records and other records. If you request a copy of this information, we may charge a fee for the costs of copying and mailing. For more information on how to inspect or get a copy of your medical information, please contact our Privacy Officer.

We may deny your request to inspect and copy your records. If for example, under federal law, you may not inspect or copy the following records:

- § Psychotherapy notes
- § Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding
- § Medical information that falls under laws that prohibit access

If we deny you access to your information, under certain circumstances you may ask that the decision be reviewed. We will choose another licensed health care professional to review your request and the denial. This person will not be the one who denied your request.

- **The Right to Request Restrictions**
You may ask us to limit how we use or share your medical information for treatment, payment, or operating our practice. You may also ask that any part of your medical information not be shared with family members or others who may be involved in your care, or for notification purposes as described in this notice. To do this, you need to tell us in writing exactly what you want us to restrict, and to whom you want the restriction to apply. You should give this to your doctor or our office staff. Your doctor is not required to agree to a restriction that you may request.
- **The Right to Receive Confidential Communications**
You may ask that we communicate with your about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or at a different address. We will do this if we reasonably can. Please make your request in writing to your doctor or our office staff.

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- **The Right to Amend**
If you think that medical information we have about you is wrong or incomplete, you may ask us to change it. This right exists for as long as we keep the information. We may deny your request to make the change; if so, we will tell you why. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement, and we will provide you with a copy of this rebuttal if we do. Please contact our Privacy Officer if you

have questions about amending your medical record.

- **The Right to Receive an Accounting of Disclosures**
You may ask us to give you a list of certain situations in which your medical information has been shared for purposes other than treatment, payment, or the operation of our practice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first such list you request within a 12-month period will be free. For additional lists, we may charge you a fee, based on our costs, for providing the list. We will tell you in advance what the cost will be, so that if you wish you can withdraw or change your request before any costs are incurred. There are certain exceptions, restrictions, and limitations that affect this right.
- **The Right to Obtain a Paper Copy of This Notice**
You have the right to obtain a paper copy of this notice if you ask, even if you have agreed to accept the notice electronically.

COMPLAINTS

If you have any questions and would like more information, or if you would like to file a complaint, you may contact our Privacy Office, Karen Wazir, at (304) 766-3688. You may file a complaint with us with the United States Secretary of Health and Human Services if you believe your privacy rights have violated. All complaints must be submitted in writing. You will not be penalized for filing a complaint.