

MONTGOMERY CARDIOVASCULAR ASSOCIATES, P.C.

HIPAA NOTICE OF PRIVACY PRACTICES

45CFR164.520

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.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide specific examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other MCA personnel who are involved in taking care of you at MCA. For example, a doctor treating you for a heart condition may need to know if you have diabetes so that he/she can arrange for appropriate meals. Different departments of MCA also may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside of MCA who may be involved in your medical care, such as family members, Home Health agencies, or other persons who are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Montgomery Cardiovascular Associates, P.C. (MCA), may be billed to and payment may be collected from you, an insurance company or a third party. For example, it may be essential that you provide us with your health plan information regarding treatment/surgery you receive at MCA so that your health plan will pay us or reimburse you for the treatment/surgery. In addition, we may tell your health plan about a treatment you are going to receive in order to obtain necessary approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for MCA operations. These uses and disclosures are necessary to run MCA and ensure that all of our patients receive quality care. For example, we may combine medical information about a variety of MCA patients to decide what additional services MCA should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other MCA personnel for review and learning purposes. We may combine the medical information we have along with medical information from other offices to compare how we are doing and thus, evaluate where we can make improvements in the care and services we provide. We may remove information that identifies you from this set of medical information so that others may use it to study health care and health care delivery, without learning the identity of the patients.

WHO WILL FOLLOW THIS NOTICE.

This notice describes MCA's practices and that of:

- Any health care professional authorized to enter information into your MCA chart.
- All departments and units of MCA.
- Any member of a volunteer group, in which, we allow to help you while you are at MCA.
- All employees, staff and other MCA personnel.

All of these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION

We understand that medical information pertaining to you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at MCA. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by MCA, whether made by MCA personnel or by your personal physician. Your personal physician may have different policies or notices regarding the use and disclosure of your medical information created in his/her office or clinic.

This notice will inform you about the different ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The federal government requires us to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

OTHER CATEGORIES OF OUR INFORMATION USE AND DISCLOSURE INCLUDE:

- **Appointment Reminders.** We may use and disclose your protected health information (PHI) via postcard or other means, to contact you as a reminder that you have an appointment for treatment or medical care at MCA.
- **As Required By Law.** We will disclose your PHI when required to do so by federal, state or local law.
- **Facility Directories.** We may use and disclose PHI to maintain a directory of individuals in our facility.
- **Health-Related Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Indigent Drug Program.** We may use and disclose your PHI in order to request indigent drugs for you if you qualify for the programs.
- **Individual Involved in Your Care or Payment of Your Care.** We may disclose your PHI to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also inform your family or friends about your condition and that you are at MCA. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Newsletter.** We may use and disclose PHI to mail MCA newsletters to you regarding the latest in the operations of the practice such as staffing, treatment, etc.
- **Referring and/or Primary Care Physicians.** We may disclose your PHI to your referring and/or primary care physicians to provide these physicians with accurate and updated health information, which may be pertinent to your continued care.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one course of treatment over another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information in order to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave MCA. PHI may also be disclosed as required by the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use Guidelines.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Treatment Alternatives.** We may use and disclose your PHI to inform you about, or recommend possible treatment options or alternatives that may be of interest to you.

LESS FREQUENT USES AND DISCLOSURES OF YOUR PERSONAL INFORMATION INVOLVING THOSE NOT DIRECTLY INVOLVED IN YOUR CARE COULD INCLUDE:

- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner in order to identify a deceased person or determine the cause of death. We may also release medical information about patients of MCA to funeral directors as necessary to carry out their services.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - To identify the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - To report a death in which we believe may be the result of criminal conduct;
 - To report criminal conduct at MCA; and
 - In emergency circumstances to report a crime; the location of the crime; or victims; or to identify, describe or locate the person who committed the crime.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may release medical information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle: organ procurement; or organ, eye or tissue transplantation; or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, and foreign heads of state or conduct special investigations.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following, but are not limited to:
 - Preventing or controlling disease, injury or disability;
 - Reporting births and deaths;
 - Reporting child abuse or neglect;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products they may be using;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - Notifying the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Worker's Compensation.** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at MCA. The notice will contain on the first page, in the bottom left hand corner, the effective date. In addition, each time you register at MCA for treatment or health care services, we will make available a copy of the current notice in effect.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we may have already made with your permission, and that we are required to retain our records of the care that we provide to you.

NOTICE OF INDIVIDUAL RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we have made of your medical information *excluding* disclosures: To carry out treatment, payment, and healthcare operations; to individuals of PHI about them; for the facility directory; to persons involved in the individual’s care; for national security or intelligence purposes; or, to correctional institutions or law enforcement officials.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer, 2119 East South Blvd, Montgomery, AL 36116. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request in a twelve (12) month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for MCA. To request an amendment, your request must be made in writing and submitted to: MCA Privacy Officer, 2119 East South Blvd, Montgomery, AL 36116. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for MCA;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer, 2119 East South Blvd., Montgomery, AL 36116. If you request a copy of the information, we are entitled to charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by MCA will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.mcva.com. To obtain a paper copy of this notice contact the Privacy Officer, 2119 East South Blvd., Montgomery, AL 36116.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer, 2119 East South Blvd., Montgomery, AL 36116. We will not ask you the reason for the request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not disclose information about a surgery you had. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must submit your request in writing to the Privacy Officer, 2119 East South Blvd., Montgomery, AL 36116. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a written complaint to: MCA Privacy Officer, 2119 East South Blvd., Montgomery, AL 36116 and/or with the Secretary of the Department of Health and Human Services pursuant to 45CFR164.520. **You will not be penalized or retaliated against for filing a complaint.**

CONTACT

If you have any questions about this notice, please contact MCA's Privacy Officer at (334) 280-1500.