

NOTICE OF PRIVACY PRACTICES



MyCardiologist
Heart Specialists of Orange County
1200 N. Tustin Ave., Suite 260
Santa Ana, CA 92705-3508
T (714) 543-9855

PURPOSE

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.

This notice takes effect April 14, 2003 (or such later date permitted under the HIPAA Privacy Regulations) and remains in effect until we replace it.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY

Law Requires Us to

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We Have the Right to

1. Change our privacy practices and the terms of this notice at any time.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices

1. If we make a material change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. For each kind of use or disclosure, we will explain what we mean and give an example. Not every

use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

We have the right to contact you and/or leave information for you on your answering machine/voice mail or with your representative (i.e. spouse, significant other, son/daughter, grandchild or appointment representative) regarding appointment reminders, information regarding treatment alternatives, reporting of laboratory results, or other health-related benefits and services that may be of interest to you.

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 people who are taking care of you.

Example

- You are in the hospital with a heart related problem. You also have diabetes. A number of health care and support staff need to know about your diabetes during your stay.
- The pharmacy needs to know about possible medicines that you may need as a diabetic.
- The information about your diabetes may help in diagnostics, testing, and x-ray work.

FOR PAYMENT

We may use and disclose your medical information for payment purposes.

Example

You are treated in the hospital for a broken leg.

- We may need to give your health insurance plan information about surgery you received at our organization so that your health plan will pay us or repay you for any surgery that you paid for.
- We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

FOR HEALTH CARE OPERATIONS

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes:

Facility Directory

Unless you notify us that you object, the following medical information about you will be placed in our facilities' directories.

- your name
- your location in our facility
- your condition described in general terms
- your religious affiliation, if any

We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.

Notification

Medical information to notify or help notify:

- a family member
- your personal representative
- another person responsible for your care

We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decision in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief

Medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Funeral Director, Coroner, Medical Examiner

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Functions

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings

We may disclose medical information in response to a court or administrative order, subpoena, discovery requests, or other lawful process, under certain circumstances. Under limited

circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury of disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, Or Domestic Violence

We may disclose medical information to appropriate authorities if we reasonable believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation

We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement officials, reports regarding suspected victims of crimes at the request of a

law enforcement official reporting death, crimes on our premises, and crimes in emergencies.

Research

For research purposes, subject to certain legal restrictions.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by sending a letter to the contact person listed at the end of this notice. Under certain circumstances we may deny your request.
2. Receive a list of certain disclosures we have made about you, such as disclosures of PHI to government agencies. The accounting will not include disclosures made before April 14, 2003; disclosures made for treatment, payment or health care operations; disclosures made earlier than 6 years before the date of the request; and certain other disclosures excepted by law. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to those additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. If you have received notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request to the contact person listed at the end of this notice.

QUESTIONS AND COMPLAINTS

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

MyCardiologist
Heart Specialists of Orange County
Kristal Siegel
Practice Administrator/Privacy Official
1200 N. Tustin Ave., #260
Santa Ana, CA 92705-3508
T (714) 543-9855

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate against you if you choose to file such a complaint.

I have received the Notice of Privacy MyCardiologist, Heart Specialists of Orange County written in plain language. The Notice provides, in detail, the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and what the practice’s legal duties are with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and make changes regarding all protected health information that it maintains. I understand that I can obtain this practice’s current Notice of Privacy Practices upon request.

ACKNOWLEDGEMENT FORM

Name

Signature

Relationship to Patient if signed by Patient Representative

Date

Witness