



NOTICE OF PRIVACY PRACTICES

FOR

THE HEART & VASCULAR INSTITUTE OF FLORIDA

THIS NOTICE DESCRIBES HOW
PROTECTED HEALTH INFORMATION
MAY BE USED AND DISCLOSED
AND
HOW YOU CAN ACCESS THIS INFORMATION.
PLEASE REVIEW THIS NOTICE.

Issue Date April 2003

Introduction

At **THE HEART & VASCULAR INSTITUTE OF FLORIDA**, we are committed to treating and using Protected Health Information (PHI) about you responsibly. This Notice of Privacy Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your Protected Health Information. This Notice is effective April 2003, and applies to all protected health information as defined by federal regulations.

Uses and Disclosures of Health Information

HEART & VASCULAR uses PHI about you for treatment, payment and operational purposes. We do not require authorization to use your PHI for these purposes. We may also use or disclose your PHI without your authorization for several other reasons. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can audit & verify that services billed were actually provided
- Source of data for medical research
- Source of information for public health agencies & officials charged with improving the health of this state and the nation
- Request of law enforcement and legal proceedings
- Method of assessing quality, compliance and outcomes

Understanding what is in your record and how your medical information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your medical information, and make more informed decisions when authorizing disclosures to others.

Your Medical Record Information Rights

Although your medical record is the physical property of **THE HEART & VASCULAR INSTITUTE OF FLORIDA**, the information is about you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect, copy and amend your medical records in accordance with Federal Regulations
- Obtain an accounting of disclosures of your Protected Health Information
- Request a restriction on certain uses and disclosures of your medical information, and
- Revoke your authorization to use or disclose medical information except to the extent that action has already been taken
- Receive PHI by alternative means or at alternative locations

Our Responsibilities and Rights

THE HEART & VASCULAR INSTITUTE OF FLORIDA is required to:

- Reply within 30 days to inspect or copy PHI
- Charge a fee to copy your records
- Maintain the privacy of your medical information
- Provide you with this Notice of Privacy Practices
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate medical information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain as required by changes in Federal or State regulations.

We will not use or disclose your medical information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of Allowable Uses and Disclosures for: Treatment, Payment and Healthcare Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to determine a course of treatment or diagnosis.

We will also provide your primary, referring or specialists physician or a subsequent health care provider with copies of various medical records, reports that should assist him or her in treating you.

We will use your health information for payment.

For example: A claim may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the practice may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples may include physician billing, answering and transcription services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Acknowledgment of Receipt of This Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

For More Information or to Report a Problem

If you have questions and would like additional information you may contact the practice's Privacy Officer, at (727) 724-8611

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201