

Cardiovascular Surgeons, PA  
"Notice of Privacy Practices for Protected Health Information"  
Effective Date April 14, 2003

**"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."**

If you have questions about this notice, please contact the  
Cardiovascular Surgeons, PA Privacy Officer.

Cardiovascular Surgeons, PA recognizes the importance of protecting the privacy of health information we collect while providing treatment to you and we are committed to protecting your protected health information (PHI). We understand that medical information about you and your health is personal. We create a record of the care and services you receive at our practice. We need this record 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 the practice, whether made by our personnel or another provider. Accordingly, the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require us to provide you with (a) the uses and disclosures of protected health information that may be made by our practice and (b) your rights and our legal duties with respect to the protected health information. We want you to know that we are committed to protecting your protected health information as mandated under the HIPAA. Cardiovascular Surgeons, PA is required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this notice. We are required by law to do the following:

- a. Make sure that your protected health information is kept private.
- b. Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- c. Follow the terms of the notice that is currently in effect.

The effective date is at the top of the first page and paragraph 9. Copies of this Notice will be placed in the lobby for your review; changes to this Notice will also be placed in our Lobby for your review. Copies of this Notice will be made available upon your request and on our website.

**Who Will Follow This Notice.** This notice describes our practices and that of:

- a. Any health care professional authorized to enter information into your medical record.
- b. All sections of the practice.
- c. Any member of the practice we allow to help you while you are in the practice.
- d. All employees, staff and other practice personnel.

**Acknowledgement of receipt of this notice.** You will be asked to sign an acknowledgement 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 services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, 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.

1. Definitions of Terms As Used In This Notice. As used herein, in this Notice, the following terms have the definitions listed below:
  - a. "Disclosure" means the release, transfer, provision of access to, or divulging in any other manner of protected health information **outside** Cardiovascular Surgeons, PA.
  - b. "Protected health information" or "PHI" means individually identifiable health information that is transmitted or maintained in any form or medium. This information includes demographics, for example, age address, e-mail address, and relates to your past, present or future physical or mental health condition and related health care services.
  - c. "Use" means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such protected health information **within** Cardiovascular Surgeons, PA.
  
2. How might we use your protected health information? We use protected health information for three purposes: *treatment, payment and health care operations*.
  - a. Treatment. Our providers use your protected health information to provide treatment for your illness/condition. For example, we will document and use information you provide about your illness/condition to make a diagnosis; we may use X-Ray's, X-Ray reports, and/or Laboratory results to either rule out or confirm a diagnosis.
  - b. Payment. If you have health insurance, we will use your protected health information to obtain payment from your health insurance provider for our services. Insurance companies require specific information to be included on claims. For example, we obtain demographic information, health insurance and other information from you that required by insurance companies in preparation for submitting a claim. Disclosure of this protected health information is covered in paragraph 3.
  - c. Health Care Operations. Health Care Operations take many forms such as quality review, business management, planning, etc. Our providers wish to insure we continue to provide you with timely and quality care. In doing so, we may periodically review courses of treatments prescribed and outcomes. For example, if we witness an increase in a specific illness, we may use this information to develop more detailed treatment plans for patients with this illness/condition or purchase equipment to better treat the illness/condition.
  
3. How might we disclose your protected health information? We routinely disclose protected health information for purposes of *treatment, payment, and health care operations*. Disclosures of your PHI for any of these three purposes does not require your authorization.
  - a. Treatment. We may disclose your protected health information to other providers involved in the treatment of your illness. For example, if we refer you to another specialist, that specialist may require copies of your protected health information. Or should you require surgery, your protected health information may be disclosed to the hospital and others involved in the surgery, such as the anesthesiologist, nurses, etc. We also may disclose medical information about you to people outside the clinic or facility (hospital, etc) who may be involved in you medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.
  - b. Payment. As described in paragraph 2b above, we will disclose protected health information for payment. This information is submitted to the health insurance company for payment for our services to you. For example, our claims are submitted to each insurance company for payment either electronically or on a HCFA Form 1500. We are required to include protected health information on our claims. Additionally, we may be required to provide your insurance company a copy of your office chart notes, hospital chart notes, or other information associated with your treatment.

- c. Health Care Operations. Health Care Operations take many forms, and our disclosure of your protected health information may occur in the conduct of operational activities such as quality assessment and improvement, case management and care coordination, licensing and credentialing activities, medical review, various insurance-related activities, business management, general administrative activities, and planning, etc. One possible disclosure of your protected health information is to your health insurance company when they perform random audits of claims payments or utilization management. We will share your protected health information with third-party "business associates" who perform various activities (for example, Cardiovascular Research Institute, billing services, collection agencies, etc.) for the clinic. The business associate will also be required to protect your health information.
4. Other Types of Uses/Disclosures of Your Protected Health Information. In addition to the various uses and disclosures of your PHI which routinely occur incident to treatment, payment, and health care operations activities, we are sometimes required or permitted by law to make other types of uses and disclosures of your PHI which do not require your written authorization.
- a. Uses and disclosures for public health activities. We may disclose your private health information for public health activities, including: (1) the reporting of information for the purpose of preventing or controlling disease, injury, or disability; (2) the reporting of child abuse or neglect; (3) to an individual having responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity; (4) to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if we or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; or (5) an employer, about an individual who is a member of the workforce of the employer, if we provide care at the request of the employer.
- b. Disclosures about victims of abuse, neglect or domestic violence. We may disclose your protected health information to a government authority if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.
- c. Uses and disclosures for health oversight activities. We may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.
- d. Disclosures for judicial and administrative proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized); and in certain conditions in response to a subpoena discovery request, or other lawful purposes.
- e. Disclosures for law enforcement purposes. (1) If you are a victim of a crime other than abuse, neglect, child abuse, your authorization *will be* required. (2) We will release your protected health information as requested by a court order or subpoena issued by a judge. (3) We will disclose your protected health information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that: (a) we may disclose only the following information: (A) Name and address; (B) Date and place of birth; (C) Social security number; (D) ABO blood type and rh factor; (E) Type of injury; (F) Date and time of treatment; (G) Date and time of death, if applicable; and (H) A description of

distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

- f. Uses and disclosures about decedents. (1) We may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. (2) We may disclose your protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
  - g. Uses and disclosures for research purposes. We may use or disclose your protected health information for certain research purposes.
  - h. Uses and disclosures to prevent a serious threat to health or safety. We may use or disclose your protected health information to prevent a serious threat to health or safety.
  - i. Uses and disclosures for specialized government functions. These uses and disclosures include but are not limited to: (1) We may use and disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, (2) We may use and disclose the protected health information of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel, (3) We may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities, and/or (4) We may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual.
  - j. Disclosures for workers' compensation. We may disclose your protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
  - k. Inmates. We may use or disclose your protected health information if you are an inmate of a correctional facility, and we created or received your protected health information while providing care to you. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.
  - l. Parental Access. Some state laws concerning minors permit or require the disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of the State of Florida and make disclosures following such laws.
  - m. 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. We may also disclose information about you to the Corporation attorney in response to legal action.
5. Uses and/or disclosures of your protected health information requiring your authorization or consent. Other than those uses and disclosures which we may encounter in the course of treatment, payment, and health care operations and those additional uses and disclosures which we are required or permitted to make by law without your authorization or consent, we will not make other uses or disclosures of your protected health information without your written authorization. Any written authorization you give us for such purposes may be revoked by you at any time, except to the extent we have taken action in reliance thereon.

6. Other relevant policies and your rights regarding your protected health information. You may exercise the following rights by submitting a written request to Cardiovascular Surgeons, PA Privacy Officer. Please be aware that Cardiovascular Surgeons, PA may deny your request; however, you may seek a review of the denial.
- a. Appointment reminders. Unless you object, our office may contact you to remind you of an appointment or surgery. The form of contact may be by letter, by personal phone call, by computerized appointment reminder system, or e-mail. We will leave a message on your answering machine, unless you instruct us otherwise. You must notify us in writing of your objections to be reminded of an appointment.
  - b. Relatives and other disclosures. Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.
  - c. Alternative means of communications. You have the right to request certain alternative means of communication. For example, if you do not want us to contact you at home or office, you must provide us with an alternative means to contact you. This request for alternative communications must be in writing and we reserve the right to deny any requested alternative means to contact you and will inform you so in writing.
  - d. Educational Classes. Unless you object, we may periodically offer classes on {high blood pressure, diabetes, thoracic cancer, etc.} and will contact you of upcoming classes. You must notify us in writing of your objections to be contacted regarding educational classes.
  - e. To request restrictions. You have the right to request restrictions on certain uses and disclosures of your protected health information. This requested restriction must be in writing and we reserve the right to deny any requested restriction and will inform you so in writing. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure or both, (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.
  - f. Request for records to be sent. Except as otherwise specified above with regard to disclosures of protected health information required or permitted by law, you will be required to sign a release if you want copies of your PHI sent outside our office. You have the right to revoke any authorization to disclose this information at any time.
  - g. Inspect your PHI. You have the right to access, inspect and obtain a copy of your protected health information. We will provide you one copy of your records at no charge. Any copies after one will be charged at the rate established by Florida State Law in effect at the time of the request. Should you request a meeting with our surgeon to discuss your record or a summary of your medical records, we will bill you for the cost of the physicians' time. Please note that your insurance company may not pay for this service and you will be required to pay in advance and sign a waiver prior to the meeting.
  - h. Amend your PHI. If you believe that the information we have about you is incorrect or incomplete, you have the right to request an amendment of your protected health information. This request to amend your protected health information must be in writing and we reserve the right to deny any requested amendment your protected health information and will inform you so in writing.

- i. Accounting of your PHI disclosures. You have the right to receive an accounting of certain disclosures of your protected health information when such disclosures are made for purposes other than incident to treatment, payment, or health care operations. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of the request. This right excludes disclosures made to you, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.
  - j. Copy of this Notice. You have the right to receive a paper copy of this Notice upon request, even if you have previously received it electronically.
7. Our Duties Under HIPAA.
- a. We are required to protect the privacy of our patients' protected health information, consistent with the requirements of HIPAA and Florida state law.
  - b. We have a duty to provide all of our patients with written notice of our privacy practices with respect to our use and disclosure of the protected health information of our patients.
  - c. We are required by HIPAA to abide by the policies and practices which are summarized in this Notice, as may be amended from time to time.
  - d. We reserve the right to change our privacy policies and practices at any time, including but not limited to addressing changes in the law. The terms of this Notice will be revised and made available as required by law.
8. Questions and Complaints. If you believe your privacy rights have been violated you have the right to file a complaint with Cardiovascular Surgeons, PA, or with the Secretary of Health and Human Services Office of Civil Rights, concerning our privacy policies, violations, or actions which you believe are in violation thereof. If you have questions regarding this Notice or our privacy practices, or wish to file a complaint, please contact the following:
- Name: Steve Dickson
  - Title: Administrator
  - Phone: (407) 425-1566
- You may also address any other requests concerning the use or disclosure of your protected health information to such person or office.
9. This Notice will become effective on April 14, 2003.