



CARDIOLOGY CONSULTANTS, LTD.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact our office.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and health services you receive at Cardiology Consultants, Ltd. in an effort to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy Practices describes how we may use and disclose medical information about you, including demographic information, that may identify you and your related health care services to carry out your treatment, obtain payment for our services, to perform the daily health care operations of this practice and for other purposes that are permitted or required by law.

We are required by law to:

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

This Notice applies to all of the medical records we maintain and describes your rights to access and control your medical information. We are required by law to abide by the terms of this Notice of Privacy Practices.

WRITTEN ACKNOWLEDGEMENT

You will be asked to sign a written statement acknowledging that you have received a copy of this notice. This acknowledgement only signifies that you have received a copy of the notice.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice, at any time. The revised or changed Notice will be effective for all medical information we maintain at that time as well as any information we receive in the future. Upon your request, we will provide you with any revised Notice Privacy Practices. To request a revised copy, you may call our office and request that a revised copy be mailed to you or you may ask for one at the time of your next appointment.



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HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that Cardiology Consultants, Ltd. may use and disclose your medical information. For each category of uses or disclosures we will explain what we mean and present some examples however; not every disclosure is listed. This will give you an idea of the types of uses and disclosures that may be made by our office. Other uses and disclosures of your medical information that are not listed or described below will be made only with your written authorization. You may revoke this authorization, at any time, in writing, but it will not apply to any actions that we have already taken.

- **For Treatment** - We may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in providing medical treatment to you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions. Likewise, a nurse obtains treatment information about you and documents this in your medical record and the physician has access to your medical information. If you require an x-ray to be taken, the x-ray technician also has access to your medical information. In addition, your medical information may be provided to a physician to whom you have been referred to we might disclose information about your prior treatment to or are otherwise seeing to ensure that the physician has the necessary information to diagnose or treat you.
- **To Obtain Payment for Services** - We may use and disclose your medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also disclose your medical information as requires by your health insurance plan before it approves or pays for the health care services we recommend for you.
- **For Health Care Operations** - We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run Cardiology Consultants, Ltd. and to ensure that all of our patients receive quality services. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; to evaluate the performance of our staff, patient surveys, conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities. We may combine medical information to decide what services or health benefits that Cardiology Consultants, should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, students training with Cardiology Consultants, and other Cardiology Consultants personnel for review and learning purposes. We may combine the medical information we have with medical information from all health care entities to compare how we are doing and see where we can make improvements in the care and services we offer. Cardiology Consultants may also disclose information to private accreditation



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organizations, in order to obtain accreditation from these organizations. We may also provide to others information that does not identify you so that they may use it to study health care.

- ❑ **Appointment Reminders** – We may use or disclose your medical information to contact you to remind you of your appointment, by mail or by telephone. Our message will include the name of our practice or the name of the physician as well as the date and time for your appointment or a reminder that an appointment needs to be scheduled.
- ❑ **Treatment Alternatives** – We may use and disclose your medical information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may contact several home health agencies or physical therapy providers to discuss the services they provide when we have a patient who needs these services.
- ❑ **Business Associates** – We will share your medical information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information, we will have a written agreement that contains terms that will protect the privacy of your medical information. For example, Cardiology Consultants may hire a billing company to submit claims to your health care insurer. Your medical information will be disclosed to this billing company, but a written agreement between our office and the billing company will prohibit the billing company from using your medical information in any way other than what we allow.
- ❑ **Others Involved in Your Health care** – Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person’s involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your medical information to notify a family member or any other person that is responsible for your care of your location and general health condition. Finally, we may use or disclose your medical information to an authorized public or private entity to assist in (1) disaster relief efforts and (2) to coordinate uses and disclosures to family or other individuals involved in your health care.
- ❑ **Food and Drug Administration** – We may disclose your medical information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic deviations, or to track products; to enable product recalls; to make repairs or replacement; or to conduct post marketing surveillance, as required.
- ❑ **Communicable Disease Exposure** – We may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ❑ **To Your Employer** – We may disclose your medical information concerning a work related injury or illness to your employer if you are covered under your employer’s policy in order to conduct an evaluation relating to medical surveillance of the work place or to evaluate whether you have a work-related injury, in accordance with the law.



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- **As Required By Law** - We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose medical information about you 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. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

SPECIAL SITUATIONS

- **Military and Veterans** - If you are a member of the armed forces, we may use or disclose medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose your medical information to authorized federal officials for activities, including for the provision of protective services to the President or others legally authorized to conduct national security or intelligence.
- **Workers' Compensation** - We may use or disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks** - We may disclose medical information about you for public health activities. These activities generally include the following:
 - (1) To prevent or control disease, injury or disability;
 - (2) To report births and deaths;
 - (3) To report child abuse or neglect;
 - (4) To report reactions to medications or problems with products;
 - (5) To notify people of recalls of products they may be using;
 - (6) To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - (7) To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **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.
- **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



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the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement** - We may release medical information if asked to do so by a law enforcement official:
 - (1) In response to a court order, subpoena, warrant, summons or similar process;
 - (2) To identify or locate a suspect, fugitive, material witness, or missing person;
 - (3) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - (4) About a death we believe may be the result of criminal conduct;
 - (5) About criminal conduct at the hospital; and
 - (6) In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors** - We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **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.
- **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.
- **For Research** - Under certain circumstances we may use and disclose medical information about you for research purposes, regardless of the funding for research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received 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, trying to balance the research needs with patients' needs for privacy of their medical information. Before we use or disclose medical information for research the project will be approved through this research approval process. However, we may disclose medical information about you to, for example, people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the medical information they review does not leave Cardiology Consultants, Ltd.
- **For Required Uses and Disclosures** - Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act and its regulations.



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YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you. The following is a brief description as to how we may exercise these rights.

- **Right to Inspect and Copy** – You have the right to inspect and copy medical information that may be used to make decisions about your healthcare. Usually this includes medical and billing records, but does not include psychotherapy notes. To inspect and/or copy medical information that may be used to make decisions about you, you must submit your request in writing on a form provided by Cardiology Consultants, Ltd. to the Privacy Official. Your request should indicate in what form you want the information (for example, a personal review or copy). If you request to personally review your medical information a Cardiology Consultants staff member must be in attendance and such review of medical information will be made by appointment only. If you request a copy of the medical information, we may 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.

- **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. To request restrictions, you must make your request in writing to our Privacy Officer – Kresha Garland. In your request, you must tell us:

- (1) What information you want to limit, for example, you could ask that we not use or disclose information about a surgery you had.
- (2) Whether you want to limit our use, disclosure or both.
- (3) To whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request. If we agree to the requested restriction, we may not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment or unless we otherwise notify you that we can no longer honor your request.

- **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 our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Amend** - If you feel that medical information we have about you is incorrect or incomplete, you may request an amendment of your medical information. You have the right to request an amendment for as long as the information is kept by Cardiology Consultants, Ltd. To request an amendment, your request must be made in writing and submitted to the Privacy Official. In addition, you must provide a reason that supports your request. We may deny your request



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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:

Is not part of the medical information kept by or for Cardiology Consultants, Ltd.

(2) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

(3) Is not part of the information which you would be permitted to inspect and copy.

(4) Is accurate and complete.

If we deny your request for amendment, you have the right to file a disagreement with us and we will respond in writing to you. Please contact our Privacy Officer if you have questions about amending your medical record.

- **Right to an Accounting of Disclosures** - You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations described in this Notice of Privacy Practices. It excludes disclosures we may have made pursuant to your authorization (permission), made directly to you, to family members or friends involved in your care, or for appointment notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Official. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs 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. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- **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. To obtain a paper copy of this Notice, contact the Privacy Officer or request one when you are in our offices.
- **Complaints** - If you believe your privacy rights have been violated, you may file a complaint in writing with our Privacy Officer who will assist you and we will not retaliate against you for filing a complaint. If you do not wish to file a complaint with us, you may contact the Secretary of Health and Human Services.
- **Privacy Contact** - If you have any questions about this Notice or require additional information, please contact Kresha Garland at (757) 962-1163 or at: Cardiology Consultants, Ltd. Attn: Kresha Garland, 205 Business Park Drive, Suite 200, Virginia Beach, VA 23462. Our staff is available during normal business hours to discuss your privacy questions, concerns or complaints.
- **Effective Date** - This notice was published and becomes effective on April 14, 2003.