



**3368 Highway 280; Suite 130
Alexander City, Alabama 35010**

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. (The effective date of this notice is April 14, 2003)

Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you visit Cardiology of Central Alabama, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care created by Cardiology of Central Alabama, whether made by any health care personnel or your physician. This notice describes your health care information privacy rights and the obligations Cardiology of Central Alabama has regarding how we may use and disclose your health information.

Our Responsibilities

Federal law makes us responsible for safeguarding your personal health information. We must provide you with this notice of our privacy practices and follow the terms of the notice currently in effect.

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 health information we already have on file about you as well as any information we receive in the future. We will post a copy of the current notice throughout our organization. A copy of the notice currently in effect will be available upon registration at Cardiology of Central Alabama.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we use your health information within Cardiology of Central Alabama and disclose your health information to persons and entities outside of Cardiology of Central Alabama. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that will require your specific authorization.

Treatment: Your health information may be used to provide or coordinate your medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns or other allied health personnel of Cardiology of Central Alabama who are involved in providing for your well-being during your visit with us. We may also disclose health information about you to other health care providers outside of Cardiology of Central Alabama for the purposes of treatment and coordinating your continuing care.

Payment: We may use and disclose your information for billing and to arrange for payment from you, an insurance company, a third party or a collection agency. This also may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations: Uses and disclosures of health information are necessary to operate our health care facility and to make sure all of our patients receive quality care. We may use and disclose relevant health information about you for health care operations. Examples include quality assurance activities, post-discharge telephone calls to follow-up on your health status, medical staff credentialing, administrative activities including Cardiology of Central Alabama financial and business planning and development, customer service activities including investigation of complaints, and certain marketing activities such as health education options for treatment and services.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement stating that they will appropriately safeguard your health information.

Appointment Reminders: Unless requested otherwise by you on our privacy form, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care within our organization. These appointment reminders may be initiated by an automated voice message system.

Special Situations That Do Not Require Your Authorization

Federal law permits the following disclosures of your health information without any verbal or written permission from you:

Organ and Tissue Donation: We may release health information to organizations that handle organ, eye or tissue procurement or transplantation.

Research That Does Not Involve Your Treatment: When a research study does not involve any treatment, we may disclose your health information to researchers after an Institutional Review Board (IRB) has reviewed the research proposal, established appropriate procedures to ensure the privacy of your health information, and waived the need for your authorization.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Worker's Compensation: We may release health information about you for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits to you for your work related injuries.

Averting a Serious Threat to Health or Safety: When necessary, we may use and disclose health information about you to prevent a serious threat to your health or safety or to the health and safety of another person or the public.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include 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.

Public Health Activities: We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child and adult abuse or neglect
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- 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

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement: We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- 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 circumstances, we are unable to obtain the person's authorization
- To release information about a death we believe may be the result of criminal conduct
- To provide information about criminal conduct at our facility
- 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 disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We also may release health information about patients at our facility to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose health 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 custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, and to protect the safety and security of the correctional institution.

Legal Requirements: We will disclose health information about you when required to do so by federal and/ or state law.

With Your Verbal Agreement

Individuals Involved in Your Care: With your verbal agreement, we may disclose health information about you to a family member or friend who is involved in your medical care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

Situations Requiring Your Written Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as a written “authorization.” If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you. Some typical disclosures that require your authorization are:

Special Categories of Treatment Information: In most cases, federal law requires your written authorization or the written authorization of your representative for disclosures of drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.

Research Involving Your Treatment: When a research study involves your treatment, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate procedures to ensure the privacy of your health information and approved the research. You do not have to sign the authorization, but if you refuse you cannot be part of the research study and may be denied research-related treatment.

Marketing: To disclose or use your health information, we will obtain your authorization for Cardiology of Central Alabama marketing activities. Your authorization is not required for marketing related activities by Cardiology of Central Alabama which involve direct face-to-face communication, gifts of nominal value, or activities providing you with information about Cardiology of Central Alabama’s treatment options or services.

Fund-Raising: We may use demographic information and your dates of service for our own fundraising purposes, otherwise we will obtain your authorization.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you. You may contact a health information representative where services were provided to obtain additional information and instructions for exercising the following rights.

You have the right to:

1. **Obtain a copy of Cardiology of Central Alabama’s Notice of Privacy Practices.**
2. **Request a restriction on certain uses and disclosures of your information.** This request must be in writing. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment. However, if our system capabilities will not allow us to comply with your request, then we are not required to do so. We can only address requests for Cardiology of Central Alabama’s affiliated entities.
3. **Inspect and request a copy of your health record.** This request for inspection or copies must be in writing and directed to Cardiology of Central Alabama, where services were provided. A reasonable fee for copies will be charged. We may deny your request under limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. Cardiology of Central Alabama will abide by the outcome of that review.

4. Request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be made in writing and it must include a reason that supports the request. We may deny your request if the information was not created by our health care team, if it is not part of the information kept by our entity, if it is not part of the information which you are permitted to inspect and copy, or if the information is accurate and complete as stated. **Please note:** If we accept your request for amendment, we are not required to delete any information from your health record.

5. Obtain an accounting of disclosures to others of your health information. The accounting will provide information about disclosures made for purposes *other than* treatment, payment, health care operations, disclosures excluded by law or those you have authorized.

6. Request confidential communications. You have the right to request that we communicate with you about health issues in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will accommodate all requests that are reasonable based on our system capabilities. Your request must be in writing and specify the exact changes you are requesting.

7. Revoke your authorization. You have the right to revoke your authorization for the use or disclosure of your health information except to the extent that action has already been taken.

8. Complain about any aspect of our health information practices to us or to the United States Department of Health and Human Services. Complaints about this notice or how Cardiology of Central Alabama handles your health information should be directed in writing to: Cardiology of Central Alabama Privacy Officer, 3368 Highway 280; Suite 130; Alexander City, AL; 35010. There will be no retaliation against you if you file a complaint with Cardiology of Central Alabama. You also may submit a formal complaint in writing to the Secretary of the United States, Department of Health and Human Services.