



## NOTICE OF PRIVACY PRACTICES

PAGE 1 OF 3

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

At Cardiovascular Institute of Central Florida, LLC (“CVI”), we are committed to treating and using protected health information (“PHI”) about you responsibly. This Notice of Privacy Practices (“Notice”) 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 PHI. This Notice has been updated in accordance with the HIPAA Omnibus Rule and is effective March 23, 2013. It applies to all PHI as defined by federal regulations.

### **Understanding Your Health Record/Information**

Each time you visit CVI; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information may be used or disclosed to:

- Plan your care and treatment.
- Communicate with other providers who contribute to your care.
- Serve as a legal document.
- Receive payment from you, your plan, or your health insurer.
- Assess and continually work to improve the care we render and the outcomes we achieve.
- Comply with state and federal laws that require us to disclose your health information.

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

### **Your Health Information Rights**

Although your health record is the physical property of CVI, the information belongs to you. You have the right to request to:

- Access, inspect and copy your health record. CVI maintains an electronic medical record (“EMR”). You have the right to access your health record in a machine readable electronic format. You have the right to request an electronic copy of your medical record be given to you or transmitted to another individual or entity. CVI may charge you a reasonable, cost-based fee for the labor and supplies associated with copying or transmitting the electronic PHI.
- Amend your health record which you believe is not correct or complete. CVI is not required to agree to the amendment if you ask us to amend information that is in our opinion: (i) accurate and complete; (ii) not part of the PHI kept by or for CVI; (iii) not part of the PHI which you would be permitted to inspect and copy; or (iv) not created by CVI, unless the individual or entity that created the information is not available to amend the information. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.
- Obtain an accounting of disclosures of your PHI. We are not required to list certain disclosures, including (i) disclosures made for treatment, payment, and health care operations purposes, (ii) disclosures made with your authorization, (iii) disclosures made to create a limited data set, and (iv) disclosures made directly to you. The first list you request within a 12-month period is free of charge, but CVI may charge you for additional lists within the same 12-month period. CVI will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- Communications of your health information by alternative means (e.g. e-mail) or at alternative locations (e.g. post office box).

# NOTICE OF PRIVACY PRACTICES

PAGE 2 OF 3

- Place a restriction to certain uses and disclosures of your information. In most cases CVI is not required to agree to these additional restrictions, but if CVI does, CVI will abide by the agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). CVI must comply with a request to restrict the disclosure of PHI to a health plan for purposes of carrying out payment or health care operations if the PHI pertains solely to a health care item or service for which we have been paid out of pocket in full.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Obtain a copy of your healthcare information in paper or a machine readable electronic format.

## Our Responsibilities

CVI is required to:

- Maintain the privacy of your health information.
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the Notice currently in effect.
- Notify you in writing if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you in writing of a breach where your unsecured PHI has been accessed, acquired, used or disclosed to an unauthorized person. "Unsecured PHI" refers to PHI that is not secured through the use of technologies or methodologies that render the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, such revised Notices will be made available to you.

We will not use or disclose your health information without your written authorization, except as described in this Notice.

## For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the CVI Privacy Officer at:

Cardiovascular Institute of Central Florida, LLC  
2111 SW 20th Place  
Ocala, Florida 34471  
Telephone: (352) 622-4251

If you believe your privacy rights have been violated you can file a written complaint with CVI's Privacy Officer, or with the Officer for Civil Rights, U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the address. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

**Treatment:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that should work best for you. To promote quality care, CVI operates an EMR. This is an electronic system that keeps health information about you. CVI may also provide and subsequent healthcare provider with health information about you (e.g. copies of various reports) that should assist him or her in treating you in the future. CVI may also disclose health information about you to, and obtain your health information from, electronic health networks in which community healthcare providers may participate to facilitate the provision of care to patients such as yourself.

CVI may use prescription hub which provides electronic access to your medication history. This will assist CVI health care providers in understanding what other medications may have been prescribed for you by other providers.

**Payment:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, diagnosis, procedures, and supplies used.

**Health Care Operations:** We 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 health care

# NOTICE OF PRIVACY PRACTICES

PAGE 3 OF 3

and service we provide.

**Business Associates:** We may contact with third parties to provide services on our behalf and disclose your health information to our business associate so that they can perform the job we've asked them to do. We require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication from Offices:** We may call your home or other designated location and leave a message on your voice-mail, in person, or via our confidential, password accessed patient portal, in reference to any items that assist CVI in carrying out Treatment, Payment, and Health Care Operations, such as appointment reminders, insurance items and any call pertaining to your clinical care. Our patient portal allows you to securely communicate online with us through HIPAA compliant encrypted email. We may also mail to your home or other designated location any items that assist CVI in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, patient satisfaction surveys and patient statements.

**Communication with Family/Personal Friends:** 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 of a friend(s) accompany you into the exam room, it is considered implied consent that a disclosure of your PHI is acceptable.

**Open treatment areas:** Sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy, others may overhear some patient information while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our Privacy Officer.

**To Avert a Serious Threat to Health or Safety:** We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

**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 PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patient who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual. CVI may use a single compound authorization to combine conditioned and unconditioned authorizations for research (e.g. participation in research studies, creation or maintenance of a research database or repository), provided the authorization: (i) clearly differentiates between the conditioned (provision of research related treatment is conditioned on the provision of a written authorization) and unconditioned research components; and (ii) provides the individual with an opportunity to opt in to the unconditioned research activities.

**Coroners, Medical Examiners and Funeral Director:** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.