

# CARDIOLOGY CONSULTANTS

## Patient Notice of Privacy Rights with Regard to Health Care Information

Effective: June 3, 2008

**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.**

### Uses and Disclosures:

**Treatment:** Your health information may be used and disclosed to other health care providers for treatment purposes.

The physicians in this practice are specialists and may request health information from or provide your health information to your primary care physician, or other physicians involved with your care for treatment purposes. **Payment:** Your health information may be used or disclosed to others for the purpose of obtaining payment for services you have received or for collecting payment for services by way of billing companies, insurance companies, or collection agencies.

**Health Care Operations:** Your health information may be disclosed to those involved in credentialing, auditing or other procedures necessary for the operation of our office. This information may be in verbal, electronic or paper format and may include obtaining an insurance verification, authorization or pre-certification for specified care.

We will release specified health care information when legally mandated without your consent for purposes including: suspected abuse, neglect, or domestic violence; subpoenas or public health purposes.

Disclosure of your health care information for any other purpose requires a specific consent (authorization) from you. This would include things like life insurance evaluations, pre-employment physicals or inquiries, or for purposes, such as marketing or fund raising. Any signed authorization may later be revoked upon written request by the patient.

Discussion of your health care with family members and/or significant others may occur: if you have given implied consent by involving them in your care, to assist them in providing you with care and making health care decisions, or if it is perceived by your physician that involving them in your care is in your best interest.

Our appointment personnel use both closed notices and telephone messaging to remind our clients of scheduled tests and appointments or of changes in schedules. Our clinical staff and/ or physicians may make use of the telephone or telephone answering devices to contact you regarding test results or to communicate other health care information. Any health care information mailed from our office will be in a sealed envelope.

**Individual Rights:** You have specific rights under the federal privacy act.

You have the right to request us to:

- a. restrict the use and disclosure of health care information, but your doctor is not required to grant this type of request
- b. the right to receive confidential communication in an alternate form or location
- c. the right to inspect, copy, and amend protected health information ( you may be billed for the cost of copying)
- d. the right to know about any unauthorized disclosure of protected health information
- e. the right to have a paper copy of our patient privacy notice.

**Duties of Abilene Cardiology Consultants:** Our office is required to abide by the terms of our privacy notice but reserves the right to change the terms of this notice. We keep a current copy of our notice posted in our main waiting rooms at both offices. Any updates or changes to this privacy notice will be appropriately dated and posted in the same location as the original notice. Copies of the notice are always available to patients upon request.

We are required to:

- a. train and document the training of our employees about privacy policies and procedures and confidentiality issues on hire and annually.
- b. retain all required documents (acknowledgements and authorizations) for 6 years from the last date of treatment or for the legal age limits designated in Texas for minors (21).
- c. make every effort to obtain a signature from each patient acknowledging that they have received a copy of this patient privacy notice.

All employees have access to patient health information as needed to fulfill their job responsibilities. We maintain paper and electronic charts containing your health information. Both paper and electronic records are maintained in such a way to assure your confidentiality and privacy. The electronic record system has strict password and security applications to prevent any security breaches. We make a conscientious effort to restrict access to this system to persons on a "minimum necessary & a need to know basis". Our office staff is compelled by law to protect your privacy and the privacy of your health care information.

**Complaints:** You may submit a complaint concerning our privacy practices or report a suspected privacy violation to our compliance officer, Sue McIntire R.N. at 1201 North 18<sup>th</sup> Street, Abilene, Texas, 79601. You may ask the receptionist at either office site to contact me on-site or you may reach me directly by phone at 325-793-3107. If you feel that your rights have been breached, I will ask that you file a written complaint. A complaint may be filed without fear of reprisal or any type of retaliation. Further complaints may be filed with the Office of Civil Rights, 1301 Young Street, Suite 1169, Dallas, Texas, 75202, (214) 767-4056, (214) 767-8940 TDD, (214) 767-0432 Fax.