

This form complies with the HIPAA privacy act as amended



## Notice of Privacy Practices for Protected Health Information

**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**

### I. Our Commitment.

Accredited Cardiology is committed to protecting the personal information entrusted to us by our patients. The trust you place in us when you share your personal information is a responsibility we take very seriously.

The Health Insurance Portability and Accountability Act (HIPAA) provides Accredited Cardiology with guidelines and standards to follow when we use or disclose your Protected Health Information (PHI). This new law also gives you, our patient, numerous rights regarding your ability to see, inspect, and copy your PHI. Because of our commitment to privacy means complying with all privacy laws, we are providing you this notice outlining our privacy practices. The following information is intended to help you understand what we can and cannot do with your PHI and what your rights are under HIPAA.

### II. Our Use and Disclosure of Your PHI

HIPAA allows us to use and disclose your PHI for purposes of treatment, payment, and health care operations. For instance, we may disclose information to other physicians or agencies to assist the provider in properly treating you (Treatment). We may disclose certain information to the provider or insurance company to properly pay a claim (Payment). We may disclose your information in order to make the correct decision or to determine your eligibility (Operations).

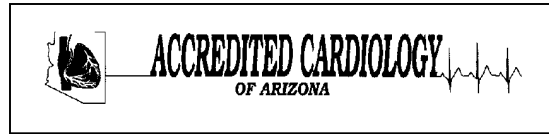
We can also make disclosures under the following circumstances without your permission:

- \* As required by law, including response to court and administrative orders, or to report information about suspected criminal activity.
- \* To report abuse, neglect or domestic violence.

- \* To authorities that monitor our compliance with these privacy requirements.
- \* To coroners, medical examiners and funeral directors.
- \* For research and public health activities, such as disease and vital statistic reporting.
- \* To avert a serious threat to health or safety.
- \* To the military, certain federal officials for national security activities, and to correctional institutions.
- \* We may use and disclose your health information by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
- \* To the entity sponsoring your group medical plan but only for purposes of enrollment, disenrollment and eligibility. We are also allowed to give the plan sponsor summary information when necessary to help make decisions regarding changes to the plan.
- \* To a spouse, family member, or other personal representative if they can show they are assisting in your care or payment of your care and then, without an authorization, only basic information about the status or payment of a claim.

**Other uses and disclosures of your health information besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization.** You may revoke your written authorization at any time by writing us at the address indicated at the end of this notice.

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### III. Your Individual Rights

You have the following rights with regard to your Protected Health Information:

- \* **To Restrict our Use or Disclosure.** You have the right to ask us to limit our use or disclosure of your PHI. While we will consider your request, we are not legally required to agree with your request. We will inform you in writing of our decision. We cannot agree to limit any use and disclosure of your PHI if law requires the use or disclosure.
- \* **To Access your PHI.** You have the right to view and/or copy your PHI at any time by contacting us. If you want copies of your PHI, we may charge you a fee. You have the right to choose what portions of your PHI you want copied and to have prior notice of copying costs. If for some reason we deny your request for access to your PHI, we will provide a written explanation of why your request was denied and explain how you can appeal the denial.
- \* **To Amend your PHI.** You have the right to amend your PHI, if you believe it is incomplete or inaccurate. Your request must be in writing, with an explanation of why you feel the information should be amended. If we approve your request to amend your PHI, we will make reasonable efforts to inform others, including people you name, about the amendment to your PHI. We may deny your request for various reasons, for example, if we determine that the information is correct and complete, or if we did not create the information. If we deny your request, we will provide you a written explanation of our decision. We also will explain your rights regarding having your request and our response included with all future disclosures of your PHI.
- \* **To Obtain an Accounting of our Disclosures.** You have the right to receive a listing from us of all instances in which we or our business associates have disclosed your PHI for purposes other than treatment, payment, health care operations, or as authorized by you. This list will include only those disclosures made since April 14, 2003 and will only go back six years. There may be a charge for accounting disclosures if requested more than once a year.

- \* **To Receive Notice.** You are entitled to receive a copy of this notice that outlines our HIPAA privacy practices. We reserve the right to change these practices and the terms of this notice at any time. We will not make any material changes to our privacy practices without first sending you a revised notice. If you receive this notice on our website, you may request a paper copy.
- \* **To Request Alternative Communication.** You are entitled to request that communication of your PHI be made by alternative means or at an alternative location. You must submit your request in writing using the form provided by this office.

### IV. Who to Contact for Questions and Complaints

If you want more information about our privacy practices, wish to exercise any of your rights with regard to your PHI, or have any questions about the information in this notice, please use the contact information below. If you believe we may have violated your privacy rights, or if you disagree with a decision that we made in connection with your PHI, you may file a complaint using the contact information below.

You may also submit a written complaint to the Secretary of the US Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave SW, Washington D.C. 20201. We fully support your right to the privacy of your PHI, and will not retaliate in any way if you choose to file a complaint.

You have the right to review this notice before signing the acknowledgement authorizing use and disclosure of your protected health information for treatment, payment and health care operations purposes.

Mailing Address: Accredited Cardiology  
Sheryl Wilson, Privacy Officer  
3303 E. Baseline Rd. #203  
Gilbert, AZ 85234

Telephone: (480) 968-7600 ext. 32

**Effective Date of this Notice:** April 14, 2003