



**Advanced  
Heart  
Care**

### **NOTICE OF PRIVACY PRACTICES**

**This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment of health care operations and for other purposes that are permitted by law. It also describes your right to access and control your protected health information.**

Uses and Disclosures of Protected Health Information: Your PHI may be used and disclosed by your Physician, Office Staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information to a Physician to whom you have been referred to to ensure that the Physician has the necessary information to diagnose or treat you.

Health Care Operations: We may disclose your PHI in the following situations without your authorization: as Required by Law, Public Health Issues as required by law, Communicable Diseases, Abuse or Neglect.

You may revoke this authorization at any time, in writing, except to the extent that your Physician or the Physician's practice has taken as action in on the use of disclosure indicated in the authorization.

Your Rights: In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request a copy you may be charged a fee. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect or missing, you have the right to request that we correct the existing information or add the missing information.

Complaints: You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with our HIPAA Compliance officer in person or by phone at our main hone number, 888-320-7268 x611.

Our Legal Duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their PHI. The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**I wish to be contacted in the following manner (check all that apply):**

- Home Telephone
  - OK to leave a message with detailed information
  - Leave message with callback number only
- Work Telephone
  - OK to leave a message with detailed information
  - Leave message with callback number only
- Written Communication
  - OK to mail to my home address
  - Other (please specify) \_\_\_\_\_

In order for us to release any information regarding your treatment or any test results to a Family Member (i.e. spouse, parent or child) we must have permission from you.

**Person(s) to whom information may be released:**

\_\_\_\_\_ Expiration Date: \_\_\_\_\_

**The signature below acknowledges that I have received the Notice of Privacy Practices:**

**Printed Name:**

**Signature:**

**Date:**