

NOTICE OF PRIVACY PRACTICES

Cardiovascular Associates of North Central Arkansas, P.A.

555 West 6th Street

Mountain Home, AR 72653

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

Our Privacy Commitment

Thank you for giving us the opportunity to serve you. In the normal course of business – providing medical care to you – Cardiovascular Associates of North Central Arkansas, P.A. creates records about you and the treatment and services we provide to you. The information we collect is called Protected Health Information (PHI). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI in your healthcare records and any other identifiable patient health information used or disclosed by us in any form and provide you with this Notice about how we safeguard and use it. We are also required by law to notify you following a breach of your unsecured PHI.

When our office, its employees, Business Associates and other involved parties use or disclose your PHI, we are bound by the terms of this Notice that is currently in effect. This Notice applies to all electronic or paper records we create, obtain and/or maintain that contain your PHI, including clinical notes, lab results, x-rays and medication history.

After reading this Notice, we will need your signature on a written, dated Consent or Acknowledgement Form before we will use or disclose your PHI for certain purposes. You may request and receive a copy of this Notice. You may take back or revoke your consent or authorization at any time (unless we have already acted based on it) by submitting to us in writing a revocation. Your revocation will take effect when we receive it. It will not affect what we have already used or disclosed in our reliance on your consent.

If you do not sign our Authorization/Acknowledgement Form or if you revoke it in the future, your PHI may be used or disclosed as permitted or required by law.

This Notice of Privacy Practices is NOT an authorization.

How We Protect Your Privacy

We restrict access to your PHI to authorized workforce members (employees, volunteers, trainees and business associates) who need that information for your treatment, for payment purposes, and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

To protect your privacy, only authorized and trained workforce members are given access to our paper and electronic records and to non-public areas where this information is stored. Our workforce members are trained on HIPAA and the privacy and data protection required for PHI as well as maintaining technical, physical and administrative safeguards in place to maintain the privacy and security of your PHI. Should you have any questions, please ask to speak to our business manager and privacy officer, Jerry Martin

How We Use and Disclose Your PHI

Uses/disclosures of your PHI without your authorization

- Treatment:
 - o To coordinate your healthcare and services with a different healthcare facility or professional.
 - o To share with nurses, doctors, pharmacies, health educators and other health care professionals so they can determine a plan of care.
 - o To consult with your family or others so they may assist you with home care.
 - o Arrange appointments with other healthcare providers; schedule lab work, etc.

- Payment
 - o To verify insurance coverage and/or receive authorization for a procedure.
 - o To submit claims to your health plan or third party for payment.
 - o To bill or collect payment from you.
 - o You may restrict disclosure to your insurance carrier for services if you pay "out of pocket" in full for the services.
 - o To coordinate benefits with other coverage you may have.

- Healthcare Operations
 - o To provide customer service such as appointment reminders, calling you by name in the waiting room, placing your name on a sign-in sheet, recommending or informing you of health-related products and complementary or alternative treatments that may interest you. If you prefer we not contact you with appointment reminders or information about treatment alternatives or health-related products and services, you may notify us of this in writing and we will not use or disclose your PHI for these purposes.
 - o To support and/or improve the programs or services we offer you.

- Disclosure to Other Individuals in Your Health Care
 - o To family members but only if you are present and verbally give permission.
 - o If you are in an emergency situation and are not present or are incapacitated, we will use our professional judgment and the surrounding circumstances to decide whether disclosing your PHI to others is in your best interest. If we do disclose your PHI in a situation where you are unavailable, we will only disclose information that is directly relevant to your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify or assist in notifying such persons of your locations, your general medical condition, or your death.
 - o We may disclose your child's PHI to your child's other parent.
 - o If you do not want us to disclose your PHI or your child's PHI to others, please let us know
 - o You may name another individual to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, this person may also have authority to make health care decisions for you.

- **Special situations when your PHI will be disclosed/used without your authorization:**
 - o As Required by Law
 - E.g., child and elder abuse, domestic violence
 - o To Avert a Serious Threat to Health or Safety of the Public or another Person.

- Business Associates
 - We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.
- Organ and Tissue Donation
 - If you are an organ donor, we may use or disclose PHI to organizations that handle organ procurement
- Military and Veterans
 - If you are a member of the armed forces, we may disclose PHI as required by military command authorities.
- Worker's Compensation
 - We may disclose PHI for workers' compensation or similar programs.
- Federal or State Government health-care oversight activities
 - i.e., civil rights laws, fraud and abuse investigations, audits, investigations, etc.
- Lawsuits and Disputes
 - If you are involved in a lawsuit or dispute, we may disclose PHI in response to a court order or administrative order, subpoena, discovery request or other lawful process. We will make every effort to tell you of the request.
- Law Enforcement
 - In response to a court order, subpoena, warrant, summons or similar process;
 - Limited information to identify or locate a suspect, fugitive, material witness or missing person;
 - About the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be in the result of criminal conduct;
 - About criminal conduct on our premises; and
 - In an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- Correctional Institution
 - If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.
- National Security and Intelligence Activities
 - We may release PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- Coroners, Medical Examiners and Funeral Directors
 - This may be necessary, for example, to identify a deceased person or determine the cause of death.
 - We also may release PHI to funeral directors as necessary for their duties.
- For Research
 - Those projects approved by a review board to ensure confidentiality; you will be asked to sign an authorization.

Uses of PHI that require your authorization

Other uses and disclosures as set forth below will be made only with your consent, authorization or opportunity to object unless required by law. The following categories of information that are marked with an * are considered sensitive and require enhanced privacy protection:

- Psychotherapy notes *
- Alcohol and drug abuse prevention, treatment and referral notes *

