

# NOTICE OF PRIVACY PRACTICES

## SUMMARY OF NOTICE OF PRIVACY PRACTICES

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

By law, we are required to provide you with our *Notice of Privacy Practices*. This Notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the following rights:

1. The right to inspect and copy your information;
2. The right to request corrections to your information;
3. The right to request that your information be restricted;
4. The right to request confidential communications;
5. The right to a report of disclosures of your information; and
6. The right to a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us. This Notice contains information about how we will insure that your information remains private. If you have any questions about this Notice, our contact person is listed below.

Cardiology Associates of New Haven, P.C.  
40 Temple Street, Suite 6A  
New Haven, CT  
**Contact Person: Administrative Manager**  
**Phone Number: (203) 789-2272**

We are required to protect the privacy of your medical/health information about you and that can be identified with you. This is called "protected health information" or "PHI" for short. We respect the privacy and confidentiality of your protected health information. This Notice of Privacy Practices ("Notice") describes the ways in which we may use and disclose your medical/protected health information and how you can get access to this information. Your health information is contained in your medical and billing records maintained by Cardiology Associates of New Haven, P.C. It includes demographic information and information that relates to your present, past or future physical or mental health and related healthcare services. This Notice applies to uses and disclosures we may make of all your protected health information whether created by us in our practice or received by us from another healthcare provider. This notice applies to all the offices of Cardiology Associates of New Haven, P.C.

### A. OUR LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION

Federal and State Laws require us to:

- ✓ Maintain the privacy of your protected health information that we have created in our practice or received from another health care provider whether it is about your past, present, or future healthcare condition;
- ✓ Maintain the privacy of your protected health information regarding payment for your healthcare;
- ✓ Notify you about how we protect your protected health information;
- ✓ Explain how, when and why we use and disclose protected health information about you;
- ✓ Abide by the terms of this Notice, as currently in effect;
- ✓ Notify you if we are unable to agree to a requested restriction on how your protected health information is used or disclosed
- ✓ Accommodate reasonable requests that you make to communicate health information by alternative means or at alternative locations; and
- ✓ Obtain your written authorization to use or disclose your protected health information for reasons other than those listed below and permitted by law.

We know that your protected health information is personal. We are committed to protecting your information. So as to provide you with good care and to insure that we follow all legal requirements, we document (in a medical record) the care and services that we provide to you. This notice applies to those records.

### CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice of Privacy Practices and to make the new provisions effective for all protected health information we already have about you as well as any protected health information we create or receive in the future. If we make any changes, we will:

- a. Post the revised Notice in our office(s), which will contain the new effective date;
- b. Make copies of the revised Notice available to you upon request (either at our offices or through the contact person listed in this Notice; and
- c. Post the revised Notice on our website: [www.ca-nh.com](http://www.ca-nh.com)

**B. WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU TO PROVIDE TREATMENT TO YOU, TO OBTAIN PAYMENT FOR SERVICES RENDERED TO YOU, AND FOR HEALTHCARE OPERATIONS.**

We may use and disclose your protected health information for purposes of healthcare treatment, payment and healthcare operations as described below.

*1. For Treatment:*

We may use and disclose your protected health information to provide you with medical treatment and services and to coordinate or manage your healthcare and related services. We may use and disclose your protected health information to doctors, physician assistants and nurses, as well as lab technicians, dieticians, physical therapists, or other parties involved in your care, both within our office and with other health care providers involved in your care. We may disclose information to people outside our practice who may be involved in your care, such as your family members, clergy or others who participate in your care. All information is recorded in your medical record which is necessary for healthcare providers to determine what treatment you should receive. Healthcare providers will also record actions taken by them in the course of your treatment and note your reactions. We may also disclose your protected health information to providers or facilities who may be involved in your care after you leave our facility or our care. Examples of how we will disclose information for treatment may include sharing information about you with referring physicians, your primary care physician or family physician, hospitals, rehabilitation facilities, nursing homes, laboratories, pharmacies, ambulatory care centers, interpreters, medical students, interns, residents, fellows, representatives of pacemaker companies, visiting nurses and nutritionists.

*2. For Payment:*

We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive from us. For billing and payment purposes, we may disclose your protected health information to an insurance company or managed care company, Medicare, Medicaid, or any other third party payer. The information on the bill may contain information that identifies your diagnosis, treatment and supplies used in the course of treatment. We may inform an insurance company about treatment that we intend to provide to you so that we can obtain the appropriate approvals and/or to confirm coverage for your treatment. Examples of how we will disclose information for payment include: (a) We may contact your health plan to confirm your coverage; (b) We may contact your health plan for pre-certification of a service; (c) We may contact any other organizations who provided you with medical services to obtain payment information; (d) We may provide information to any other healthcare provider who requests information necessary for them to collect payment; (e) We may share information with other billing departments of other providers and healthcare entities; (f) We may share information with collection agencies; (g) We may share information with agents of health plans (third party administrators) who are involved in the payment of a claim; (h) We may share information with consumer reporting agencies (credit bureaus); and (l) We may share information with the State of Connecticut—Office of Managed Care Ombudsman.

*3. For Healthcare Operations:*

We may use and disclose your protected health information in performing business activities that we call "healthcare operations." This includes internal operations, such as for general administrative activities and to monitor the quality of care you receive at our facility. This type of use is necessary for us to run our practice and to be sure that our patients are receiving quality care. Examples of how we will disclose information as it relates to healthcare operations include one or more of the following:

- a. We may use or disclose your protected health information to review and improve the quality of care you receive;
- b. We may use or disclose your protected health information to doctors, nurses, residents, students, volunteers or other medical staff for education and training purposes;
- c. We may use or disclose your protected health information for planning for services, such as when we assess certain services that we may want to offer in the future;
- d. We may use or disclose your protected health information to evaluate the performance of our employees;
- e. We may use or disclose your protected health information to our lawyers, consultants, accountants, and business associates;
- f. We may combine information about several patients to determine if we should offer new services;
- g. We may combine information about several patients to determine if new treatments are effective;
- h. We may use protected health information to identify groups of patients who have similar health problems to give them information about treatment alternatives, programs, or new procedures;
- i. We may use or disclose your protected health information to train students, interns, residents, other healthcare providers or non-healthcare providers (such as billing personnel);
- j. We may use or disclose protected health information to organizations that assess the quality of care we provide to our patients (such as government agencies or accrediting bodies);
- k. We may use and disclose protected health information to organizations that evaluate, certify or license healthcare providers, staff or facilities in a our specialty;
- l. We may use and disclose protected health information to assist others who may be reviewing our activities such as accountants, lawyers, consultants, risk managers, and other who assist us in complying with state and federal laws;
- m. We may use and disclose protected health information in the process of selling our business or merging with other healthcare entities, or giving control to someone else;
- n. We may use and disclose protected health information in the process of reviewing for healthcare fraud and abuse detection and compliance;
- o. We may use and disclose protected health information when we develop internal protocols;
- p. In the process of using your protected health information in the course of treatment, payment and healthcare operations, we may make incidental disclosures. We will take reasonable steps to limit incidental disclosures.

Practice-specific examples: We may disclose information as it relates to healthcare operations when we: (a) Leave messages on your answering machine, (b) Leave messages at your place of employment, (c) Send you appointment reminder postcards, (d) Call you by name when you are in our practice, (e) Share office space with another healthcare provider, and/or (f) Utilize healthcare and information technology consultants.

**C. OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR CONSENT**

Under the Health Insurance Portability and Accountability Act Privacy Regulations, we may use and disclose your protected health information in which you do not have to give authorization or otherwise have an opportunity to agree or object. "Use" refers to our internal utilization of your protected health information. Specifically, "use" under the privacy regulations means: ".with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such

information within an entity that maintains such information." "Disclosure" refers to the provision of information by us to parties outside of our organization. Specifically, disclosure means: ".the release, transfer, provision of access to or divulging in any other manner, of information outside of the entity holding the information." We may make the following uses and disclosures of your protected health information **without** obtaining a written Authorization from you:

*1. Those Required by Law:*

We may disclose your protected health information when required to do so by law. For example, when federal, state or local law or other judicial or administrative proceeding requires that we disclose information about you.

*2. Public Health Risk:*

We may disclose your protected health information for public health activities. For example, we may disclose protected health information about you if you have been exposed to a communicable disease or may otherwise be at risk of spreading a disease. Other examples may include reports about injuries or disability, reports of births and deaths, reports of child abuse and/or neglect, and reports regarding recall of products.

*3. Our Facility Directory:*

**Unless you object**, we may use and disclose certain limited information about you in our directory (or on our "sign-in" sheet) while you are in our practice. This information may include your name and your location within our practice (such as a department). Our directory will not include specific medical information about you. We may disclose directory information to people who ask for you by name.

*4. Individuals Involved in Your Care or Payment for Your Care:*

**Unless you object**, we may disclose protected health information about you to a family member, relative, close personal friend, caregiver, or neighbor or other person you identify, including clergy, who are involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in payment for your care.

*5. Disaster Relief:*

**Unless you object**, we may disclose protected health information about you to a public or private agency (like the American Red Cross) for disaster relief purposes. Even if you object, we may still share information about you, if necessary for the emergency circumstances.

*6. Reporting Victims of Abuse, Neglect or Domestic Violence:*

When authorized by law or if you agree to the report and if we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your protected health information to notify a government authority.

*7. Health Oversight Activities:*

When authorized by law, we may disclose your protected health information to a health oversight agency. A health oversight agency is a state or federal agency that oversees the healthcare system. Some of the activities may include, for example, audits, investigations, inspections and licensure.

*8. Judicial and Administrative Proceedings:*

We may disclose your protected health information in response to a lawsuit, dispute, court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process by another party involved in the action. We will make a reasonable effort to inform you about the request.

*9. Law Enforcement:*

We may disclose your protected health information for certain law enforcement purposes, including, but not limited to: (a) reporting certain types of wounds and/or other physical injuries (for example: gunshot wounds); (b) reports required by law; (c) reporting emergencies or suspicious deaths; (d) complying with a court order, warrant, subpoena, or other legal process; (e) identifying or locating a suspect or missing person, material witness or fugitive; (f) answering certain requests for information concerning crimes, about the victim of crimes; (g) reporting and/or answering requests about a death we believe may be the result of a crime; (h) reporting criminal conduct that took place on our premises; and (i) in emergency situations to report a crime, the location of the crime or victim or the identity, description and/or location of a person involved in the crime.

*10. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations:*

We may release your protected health information to a coroner, medical examiner, and funeral director. If you are an organ donor, we may release your protected health information to an organization involved in the donation of cadaveric organs and tissue to enable them to carry out their lawful duties. We can release information about deceased patients to funeral directors as necessary in allowing them to carry out their duties. We may disclose protected health information about you to a coroner or medical examiner for the purposes of identifying you should you die.

*11. Research:*

In some situations, your protected health information may be used for research purposes if an institutional review board has approved the research. The institutional review board must have established procedures to insure that your protected health information remains confidential.

*12. To Avert a Serious Threat to Health or Safety:*

We may use or disclose your protected health information to someone able to help lessen or prevent the threatened harm when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. The disclosure would only be to a person or entity that would be able to help prevent the threat.

*13. Military and Veterans:*

If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities. We may also release protected health information about you if you are a member of a foreign military as required by the appropriate foreign military authority.

*14. National Security and Intelligence Activities:*

*We may disclose protected health information to authorized federal officials conducting national security, counterintelligence, and intelligence activities authorized by law.*

*15. Protective Services for the President and Others:*

*We may disclose your protected health information to authorized federal officials as needed to provide protection to the President of the United States, other persons, or foreign heads of states or to conduct certain special investigations.*

*16. Inmates/Law Enforcement Custody:*

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or official for certain purposes including your own health and safety as well as that of others. This type of disclosure is necessary for the following reasons: (a) to insure that the correctional institution will provide you with healthcare; (b) to protect your own health and safety; (c) to protect the health and safety of others; and/or (d) for the safety and security of the correctional institution.

*17. Workers' Compensation:*

We may use or disclose your protected health information to comply with laws and regulations relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries and/or illnesses.

**18. Appointment Reminders:**

We may use or disclose protected health information to remind you about appointments in our practice or appointments that we have scheduled for you with other healthcare organizations.

**19. Treatment Alternatives and Health-Related Benefits and Services:**

We may use or disclose your protected health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. This may include telling you about treatments, services, products, other healthcare providers and special programs.

**20. Business Associates:**

We may disclose your protected health information to our business associates under a Business Associate Agreement. Some of these business associates may include, for example: our answering service, transcription service, accounting services, attorney/legal services, practice management company, coding and healthcare consultants, collection agencies, medical records storage company, shredding company, medical equipment companies, and representatives from pharmaceutical companies.

**D. ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN AUTHORIZATION**

Under any circumstances other than those listed above, we will request that you provide us with a written authorization before we use and disclose your protected health information to anyone. If you sign an authorization allowing us to disclose protected health information about you in a specific situation, you can later revoke (cancel) your authorization in writing. If you cancel your authorization in writing, we will not disclose your protected health information about you **after** we receive your cancellation, except for disclosures, which were already being processed or made before we received your cancellation.

**E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your protected health information:

**1. The Right to Access to Personal Protected health information:**

*Upon written request, you have the right to inspect and obtain a copy of your medical/protected health information except under certain limited circumstances. Under state law, if we make a copy of your medical record, we will not charge more than is permitted by the current rate allowed for copies. We may also charge you a reasonable fee for x-rays, mailings and other supplies related to this request. You should submit your written request to access your health information to our Contact Person who is listed in this Notice. We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to your medical/protected health information, in some cases you will have the right to request review of the denial. A licensed healthcare professional designated by us and who did not participate in the original decision to deny access will perform this review.*

**2. The Right to Request Restrictions:**

You have the right to request that a restriction be placed on the way we use or disclose your protected health information for treatment, payment or healthcare operations. Additionally, you can request that we limit the information we disclose about you to those individuals involved in your care or the payment of your services, such as a relative or friend. For example, you could request that we not use or disclose information about a procedure you had performed by one of our physicians. You should submit your written request to restrict your health information to our Contact Person who is listed in this Notice. You must tell us what information you want restricted, to whom you want the information restricted, and whether you want to limit our use, disclosure, or both. *However, we are not required to agree to such a restriction.* If we do agree to the restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your emergency treatment.

**3. The Right to Request Confidential Communications:**

You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number or a specific address. You should submit your written request for Confidential Communications to our Contact Person who is listed in this Notice. You must tell us how and where you want to be contacted. We will accommodate your reasonable requests, but may deny the request if you are unable to provide us with appropriate methods of contacting you.

**4. The Right to Request an Amendment:**

You have the right to request that we amend or modify your clinical, billing and/or other protected health information for as long as the information is kept by us. Your request must be made in writing and must explain your reasons for the requested amendment. We may deny your request for amendment if the information: (a) was not created by us (unless you prove that the creator of the information is no longer available to amend the record); (b) is not part of the records maintained by us; (c) in our opinion, is accurate and complete; and/or (d) is information to which you do not have a right of access. If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial and explain to you that you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record. You should submit your written request for an amendment to our Contact Person who is listed in this Notice.

**5. The Right to An Accounting of Disclosures:**

You have the right to request an accounting (a report) of certain disclosures of your protected health information. You may ask for disclosures made up to six years before your request (but not including disclosures made prior to April 14, 2003). This is a listing of disclosures made by us or by others on our behalf. We are not required to include disclosures made: (a) for treatment; (b) for billing or collection of payment of your treatment; (c) directly to you, that you authorized, or those which are made to individuals involved in your care; (d) as allowed by law when the use or disclosure relates to certain government functions or in other law enforcement custodial situations, and/or; (e) in the process of our healthcare operations. You must submit

your request for an accounting of disclosures in writing to the Contact Person who is listed in this Notice. You must state the time period for which you would like an accounting. The accounting will include the disclosure date, the name, address (if known) of the person or entity that received the information, a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. If you request a listing of disclosures more than once within a 12-month period, we will charge you a reasonable fee for the accounting. The first accounting within a 12-month period is provided to you at no charge. We will inform you of the costs involved in the event that you wish to withdraw your request.

*6. The Right to a Paper Copy of This Notice:*

You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting our office in writing or by phone. In addition, you may obtain a copy of this Notice at our website, [www.ca-nh.com](http://www.ca-nh.com).

**F. DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

For uses and disclosures of your protected health information related to care for psychiatric conditions, substance abuse, or HIV-related information, special conditions may apply. For example, we generally may not disclose this information in response to a subpoena, warrant or other legal process unless you sign a special authorization or if a court orders the disclosure. A general release of your protected health information will not suffice for purposes of disclosing this type of information. Without a specific written authorization or as required or permitted by federal or state law, we will not disclose: (a) psychiatric information where records exist relating to a diagnosis or treatment of your mental condition; (b) HIV-related information and/or (c) information which could identify you as alcohol or drug-dependent or if you are being treated in a substance abuse program.

**G. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the government.

1. To file a complaint with the government, you may contact:

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 509F  
HHH Building  
Washington, D.C. 20201

2. To file a complaint with us, you should contact the Contact Person mentioned on page one of this Notice. A phone number is also provided on page one.

3. You will not be retaliated against for filing a complaint.