



NOTICE OF PRIVACY PRACTICES

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.

When this notice refers to PHI, it is referring to your protected health information, which is your individually identifiable health information. This PHI can be medical and/or financial and includes information that is created, received, or maintained by Karing Hearts Cardiology.

A. OUR COMMITMENT TO YOUR PRIVACY

We are dedicated to maintaining the privacy of your protected health information, or PHI. In conducting our business, we will create records regarding you and the treatment and/or services that we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain concerning your PHI. We are required by law to notify you if we are unable to agree to a requested

restriction on how your information is used or disclosed. We are also required by law to accommodate reasonable requests you may make to communicate health information (PHI) by alternative means or at alternative locations. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following information:

- How We May Use and Disclose your PHI
- Your Privacy Rights Regarding your PHI
- Our Obligations Concerning the Use and Disclosure of Your PHI

The terms of this Notice apply to all records containing your protected health information, both medical and financial, that are created, received, or maintained by our organization. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be in effect for all of your records we have created or maintained in the past and for any of your records that we may create or maintain in the future. We will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. HOW WE MAY USE AND DISCLOSE YOUR PHI

1. **Treatment:** We may use and/or disclose your PHI to provide you with medical treatment and/or services or to allow others to provide treatment/services to you. For example, information such as symptoms, examination, test results, diagnosis, and treatment obtained by our physicians, nurses, or other staff members will be recorded in your record. This information could be disclosed to healthcare professionals from other organizations involved in your continuing health care.

2. **Payment:** We may use and/or disclose your PHI for the purpose of allowing us, as well as other entities, to secure payment for the treatment, services, and/or items that you receive. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will pay for your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.

3. **Health Care Operations:** We may use and/or disclose your PHI to operate our business. For example, we may use or disclose your PHI for business management and general administrative activities, including quality assessment (QA) and quality improvement (QI). We may use or disclose your PHI in the course of conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as healthcare providers, or to review the competence or qualifications of healthcare professionals.

4. **Appointment reminders:** We may use/disclose your PHI by mail, telephone, or other common means to contact you remind you of an appointment unless you ask us not to.

5. **TREATMENT OPTIONS:** We may use/disclose your PHI to contact you regarding possible treatment options, alternatives, or other health-related benefits or services that may be of interest to you unless you request a restriction to the contrary.

6. **Facsimile Transmissions:** We may disclose your PHI by facsimile transmission when (a) the original record or mail-delivered copies will not meet the needs of your patient care; (b) when the PHI is urgently required by a third-party payer and failure to fax the records could result in loss of reimbursement; (c) or as may otherwise be necessary.

7. **Release of Information to Family/Friends:** Using our best judgment, we may release your PHI to a friend or family member or any other person that you identify that is involved in your health care or payment for your health care unless you request a restriction to the contrary.

8. **Answering Machines:** Unless you request a restriction to the contrary, we may leave detailed messages containing your PHI on your answering machine if we have been unable to contact you directly, and it is our determination that this would be in your best interest.

9. **E-Mail:** We may communicate your PHI by means of e-mail to the e-mail address you have provided and/or to other healthcare providers unless you request a restriction to the contrary.

C. FOLLOWING ARE SPECIAL CIRCUMSTANCES WHEN YOUR SIGNED AUTHORIZATION OR VERBAL AGREEMENT NOT REQUIRED?

1. **Disclosures Required by Law:** We will disclose your PHI to the extent that such disclosure is required by federal, state or local law.

2. **Public Health:** We may disclose your PHI in accordance with local, state, or federal laws for public health authorities or other legal authorities to prevent or control disease, injury, or disability or for other health oversight activities as provided in the Privacy Rule.

3. **Lawsuits and Similar Proceedings:** We may use/disclose your PHI in accordance with local, state, or federal laws in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we meet the requirements for giving you notice as described in the Privacy Rule.

4. **Law Enforcement:** We may release PHI in Accordance with local, state, or federal laws if asked to do so by law enforcement official and as required/allowed by the Privacy Rule.

5. **Deceased Patients:** PHI may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

6. **Research:** We may use/disclose your PHI for research purposes when the research has been approved by an Institutional Review Board or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

7. **Food and Drug Administration (FDA):** We may disclose to the FDA your PHI relating to adverse events with respect food, supplements, products, and products defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

8. **Health and Safety:** Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

9. **Government Functions:** We may disclose your PHI for specialized government functions such as military, national security, or public benefit purposes pursuant to applicable law and only to the extent allowed by the Privacy Rule.

10. **Inmates:** We may disclose your PHI to the extent necessary to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official if such official represents that the PHI is necessary as defined by the Privacy Rule.

11. **Workers' Compensation:** We may use or disclose your PHI to the extent necessary in order to comply with the laws and regulations related to Workers' Compensation.

12. **Other Uses:** Other uses and disclosures will be made only with your authorization in writing, and you may revoke the authorization in writing except to the extent we have taken action in reliance on such.

D. YOUR PRIVACY RIGHTS REGARDING YOUR HEALTH INFORMATION

The health and financial records we maintain are the physical property of Karing Hearts

Cardiology; however, you have the following rights with respect to your PHI:

1. **Confidential Communications:** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. * In order to request a type of confidential communication, you must submit a request in writing to the Privacy Officer using the form that we provide at your request.

2. **Requesting Restrictions:** You have the right to request restrictions on the use and disclosure of your PHI for purposes of treatment, payment, or health care operations. * Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction, you must submit your request in writing to the Privacy Officer using the form that we provide at your request.

*Any request not to receive any information and/or any request that may interfere with the ability to obtain payment for services provided will be denied unless appropriate information is provided about how payment will be handled. We retain the right to contact you at any known address in order to obtain payment for services provided.

3. **Inspection and Copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but

not including psychotherapy notes. In order to inspect and/or obtain a copy of your PHI, you must submit a request in writing to the Privacy Officer using the form that we provide at your request. We will respond to you within 10 days after receiving your written request. We will charge a reasonable fee for the costs of supplies, copying, labor, and mailing associated with your request. We may deny your request in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

4. **Amendment:** You may ask us to amend your PHI if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to the Privacy Officer using the form that we provide at your request. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we will deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for your organization; (c) not part of the PHI that you would be permitted to inspect and copy; or (d) not created by us, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures:** All of our patients have the right to receive an accounting of disclosures, which is a list of certain non-routine disclosures we have made of your PHI for non-treatment, non-payment, or non-operational purposes. Use of your PHI as part of our routine patient care is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to the

Privacy Officer using the form that we provide at your request. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of your Notice of Privacy Practices at any time at your request. To obtain a paper copy of this Notice, ask one of our staff members or contact the Privacy Officer.

7. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with Karing Hearts Cardiology or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Privacy Officer. All complaints must be submitted in writing within 180 days of the offense. You will not be penalized for filing a complaint.

8. **Right to Provide an Authorization for Other Uses and Disclosures:** We will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing, using the form that we provide at your request. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

IF YOU HAVE QUESTIONS, WOULD LIKE ADDITIONAL INFORMATION, OR WANT TO REPORT A PROBLEM REGARDING THE HANDLING OF YOUR INFORMATION, PLEASE CONTACT:

Rob Gregory

VP of Operations

Karing Hearts Cardiology

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Suite 2

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423-926-4468

Effective Date of this Notice:

February 15, 2011