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Advanced Cardiovascular Care
dba Bellevue Cardiology

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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.

If you have any questions, would like more information, or you do not understand this Notice of Privacy Practices ("Notice") or our privacy practices, please contact the Privacy Officer at 402-502-3723.

Who Follows This Joint Notice?

This Joint Notice describes the privacy practices of Advanced Cardiovascular Care, P.C.

Our Pledge Regarding Medical Information:

Advanced Cardiovascular Care, P. C. physicians and other independent providers and employees, understand that information about your health is personal and we will make every effort to protect that information. We create a record of the care and service you receive. This record helps us to provide quality care and meet legal requirements. This Notice covers all records of your care created by Advanced Cardiovascular Care, P.C. This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and our responsibilities regarding the use and disclosure of your medical information.

We Are Required by Law To:

- make sure that medical information about you is kept private;
- give you this Notice of our legal duties and privacy practices; and
- follow the terms of the privacy notice that is currently in effect.

How We May Use and Disclose Medical Information About You:

Below are some examples of how Advanced Cardiovascular Care physician and other independent providers may use and disclose medical information. However, not every use and disclosure are listed.

For Treatment - We may provide medical information about you to doctors, nurses, technicians, residents, medical students, or other personnel who take care of you. We may share medical information about you with people and companies outside Advanced Cardiovascular Care that are involved in your ongoing care medical care.

For Payment - We may use medical information about you so that the treatment and services you receive can be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your insurance company information about your care/treatment(s) so the insurance company will pay us for the services we provide. We may tell your health plan about a treatment you are going to receive to obtain approval or to determine whether your health plan will cover the treatment. We also may provide medical information about you to companies outside Advanced Cardiovascular Care who need this information to bill for services they provided.

For Health Care Operations - We may use medical information about you for health care operations that help us to provide quality care. For example, we may use medical information to review our treatment, services, and the performance of our staff. We may also combine medical information about patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments work. We may provide information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may provide medical information about you to companies outside of Advanced Cardiovascular Care for health care operations if both companies have treated you. We may also combine medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in care and services. We will remove information that identifies you from this set of medical information so that others may use it to study health care and health care delivery without being able to identify you.

Business Associates - We may provide medical information to other persons or organizations, known as business associates, who provide services for us under contract. These may include certain laboratory services, external monitoring companies, outside billing and information technology businesses. Business associates are required by law to protect the medical information we provide to them in the same manner as our office.

Appointment Reminders - We may use and provide medical information to contact you as a reminder that you have an appointment with us. If you do not want to be contacted for appointment reminders, you must contact Advanced Cardiovascular Care in writing.

Treatment Alternatives - We may use and provide medical information to tell you about possible treatment options or other items of interest. If you do not want to be contacted for these reasons, you must contact Advanced Cardiovascular Care in writing.

Individuals Involved in Your Care or Payment for Your Care - We may provide medical information about you to a friend, family member or any other person you say is involved in your medical care or the payment of your care. We will provide this information only if you tell us to or if we think that normally it is in your best interest to allow a person to act on your behalf. For example, you may identify a friend or family member to pick up medical supplies for you. We will provide only the medical information needed to allow the person to complete that task. In addition, we may provide medical information about you to someone helping in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research - We may use medical information about you for research purposes. For example, a research project may involve comparing the health of all patients who received one medicine to those who took another for the same condition. All research projects are subject to a specific approval process. This process reviews a proposed research project and its use of medical information, comparing the research needs with patients' need for privacy of their medical information.

As Required by Law - We will provide medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety - We may use and provide medical information about you when needed to prevent a serious threat to your health and safety or the health and safety of other people. The information will be provided only to someone able to help prevent the threat.

Workers' Compensation - We may provide medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Activities - We may provide medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births or deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- To notify the government if we suspect a patient has been the victim of abuse, neglect, or domestic violence.

We will make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may provide medical information to a health oversight agency for activities allowed by law. Oversight activities that allow the government to monitor the health care system, government programs and compliance with civil rights laws include audits, investigations, and inspections.

Data Breach Notification – We may use or disclose your medical information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes - We may provide medical information about you in response to court or administrative order. We may also provide medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request.

Law Enforcement - We may provide medical information if asked to do so by a law enforcement official, examples being:

- Response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- Inquires as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- Inquires as to death we believe may be the result of criminal conduct;
- Inquires as to criminal conduct at the office; and
- To report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors - We may provide medical information to a coroner or medical examiner. For example, to identify a person who has died or to determine the cause of death. We may also provide medical information about patients to funeral directors who need to carry out their duties.

National Security and Intelligence Activities - We may provide medical information about you to federal officials for intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others - We may provide medical information about you to federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations.

Inmates - We may provide medical information about you to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses of Medical Information:

Other uses of medical information not covered by this Notice or the laws that apply to us will be made only if you agree in writing. For example, to use your medical information for marketing or fund-raising activities, we will only use if you give us written authorization. If you give us the right to use medical information about you, you may change your mind, in writing, at any time. If you change your mind, we will no longer use the medical information for the reasons covered by your written request. You understand that we cannot take back any information that we have already released with your written agreement and that we are required to retain records of the care we provide.

You're Rights Regarding Medical Information About You:

You have the following rights regarding medical information we have about you.

Right to Look at and Copy - You have the right to look at and copy medical information that may be used to make decisions about your health care. Usually, this includes medical and billing records. This does not include psychotherapy records.

You must send your request to look at and copy medical information that may be used to make decisions about you in writing to Advanced Cardiovascular Care. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies needed to meet your request.

We may deny your request to look at and copy medical information. If we do not let you look at your medical information, you may request that the denial be reviewed. A licensed health care professional chosen by the office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will follow the outcome of the review.

Right to Change - If you feel that the medical information we have about you is not correct; you may ask us to change the information. You have the right to ask for a change if the information is kept by Advanced Cardiovascular Care.

Your request for a change must be in writing and sent to Advanced Cardiovascular Care. In addition, you must provide a reason that supports your request for a change.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to change information, if the information is:

- Not created by Advanced Cardiovascular Care or unless Advanced Cardiovascular Care is no longer available to make the amendment
- Not part of the medical information kept by or for Advanced Cardiovascular Care.
- Not part of the information you would be allowed to look at and copy under the law, or
- Correct and complete

Right to Get Notice of a Breach – You have the right to be notified upon a breach of your unsecured Protected Health Information.

Right to an Accounting of Disclosures - You have the right to ask for an accounting of disclosures, which is a list of medical information given out about you.

To ask for an accounting of disclosures, you must send a request in writing to Advanced Cardiovascular Care. Your request must state a time period that is not longer than six years (three years if disclosures were for treatment, payment, or health care operations) and may not include dates before April 14, 2003. The first list of disclosures you ask for within a 12-month period will be free. We may charge for the costs of providing additional lists. We will notify you of the cost and you may choose to remove or change your request before any costs are incurred.

Right to Request Restrictions - You have the right to request that we limit the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to ask for a limit on the medical information we provide about you to someone who is involved in your care or the payment for care, like a family member or friend.

We do not have to agree with your request unless the requested restriction relates to disclosures to a health plan for payment and/or health care operations and the product or service was fully self-pay and has been paid in full. If we do agree to a limitation, we will follow your request unless the information is needed to provide emergency treatment.

You must request a limitation in writing to Advanced Cardiovascular Care. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Out-of-Pocket-Payments – If you have requested that we not bill your health plan and you wish to pay for a specific item or service yourself, you have a right to ask that your medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations and we will honor that request.

Right to Ask for Private or Confidential Communications - You have the right to ask that we communicate with you about your health matters in a certain way or at a certain place.

To ask for private communications, you must make your request in writing to Advanced Cardiovascular Care. We will not ask you the reason for your request and we will comply with all reasonable requests. Your request must say how or where you wish to be contacted.

Right to a Paper Copy of This Notice - You have a right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

Changes to This Notice:

To obtain a paper copy of this Notice, contact the Privacy Officer at 402-502-3723.

We maintain the right to change our privacy practices and may be required by law to change such practices, which may result in changes to this Notice. We further keep the right to make the most current privacy practices notice effective for medical information we already have about you as well as any information we receive in the future. We will have a copy of the current Notice in the office of Advanced Cardiovascular Care, P.C. The Notice will include the version number and effective date. In addition, if we make substantive changes to the Notice, the next time you come to the office, we will offer you a copy of the current Notice in effect.

Complaints:

If you think your privacy rights have been violated, you may make a complaint to Advanced Cardiovascular Care's Privacy Officer or the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

Contacts

Advanced Cardiovascular Care Privacy Officer
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