

NOTICE OF PRIVACY PRACTICES

Dear Patient:

Welcome to Columbia Cardiology Consultants. We wanted you to know that we are required by federal law to give you the following document. It is called a "Notice of Privacy Practices." We are also required to have you sign our consent form because it contains a written acknowledgement that you have received this document. We realize this document is long, so we have provided an index of this Notice, which describes how we use and disclose protected health information and how you can get access to this information. Please read it carefully.

Thank you again for being our patient. Please do not hesitate to contact us if you have any questions.

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NOTICE OF PRIVACY PRACTICES (NPP)

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.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the privacy practices of Columbia Cardiology Consultants including

- Any health care professional authorized to enter protected health information into your chart.
- All departments of the Practice.
- Any member of a volunteer group we allow to help you while you are at the Practice.
- All employees, staff and other Practice personnel.

We will refer to all who follow this Notice as “we,” “us” or the “Practice” throughout this Notice.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that health care information about you is personal. We are committed to protecting the privacy of your health care information. We will refer to your health care information in this Notice as your “protected health information.” We create a record of the care and services you receive at the Practice. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care we generate or maintain.

This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information.

We are required by law to:

- maintain the privacy of your protected health information;

- give you this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures, we will explain what we mean and provide examples as required. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- For Treatment: We may use protected health information about you to provide you with and manage your health care treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other professionals who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may share protected health information about you in order to coordinate the different things that you need, such as prescriptions, lab work, and x-rays. We also may disclose protected health information about you to people outside the Practice who may be involved in your health care, such as family members, clergy or others we use to provide services that are part of your care. We may also disclose your protected health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For instance, if you require home health care, we may disclose your protected health information to that home health care agency so that a plan of care can be prepared for you.
- For Payment: We may use and disclose protected health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan protected health information about services you received at the Practice so your health plan will pay for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may use your information to prepare a bill to send to you or the person responsible for your payments. We may also use or disclose your protected health information to
 - make eligibility and coverage decisions

- seek judgment on or subrogate health benefit claims
 - perform risk adjusting activities
 - review services provided to you for
 - medical necessity determination
 - coverage under a health plan
 - appropriateness of care
 - justification of charges
 - support utilization review activities
- For Health Care Operations: We may use and disclose protected health information about you for health care operations. Health care operations are those activities that are necessary to run our Practice and make sure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many patients in the Practice to decide what additional services the Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose protected health information to doctors, nurses, technicians, medical students, and other Practice personnel for review and learning purposes. We may also use and disclose information for case management. We may also use or disclose your protected health information to conduct or arrange for medical review, legal services, and auditing functions or to provide for business planning and development or business management and general administration.
 - Appointment Reminders: We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or health care at the Practice.
 - Phone Contacts: We may also use your protected health information to contact you by phone to provide you with test results, return your call, answer questions, obtain additional information on billing, or other related issues.
 - Treatment Alternatives: We may use and disclose your protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
 - Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.
 - Family and Friends Involved in Your Care or Payment for Your Care: Unless you object, we may disclose protected health information about

you to a friend or family member who is involved in your health care. We may also disclose protected health information to someone who helps pay for your care. In addition, we may disclose protected health information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status and location.

- Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accounting, legal services, etc. At times it may be necessary for us to disclose certain protected health information to one or more of these outside persons or organizations who assist us with our certain payment and health care operations activities. In all cases, we require these business associates to appropriately safeguard the privacy of your protected health information.

SPECIAL SITUATIONS

- To Avert a Serious Threat to Health or Safety: We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- Organ and Tissue Donation: We are required by federal law to notify organizations that handle organ procurement, organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation, whenever there is a death in our facility. This is to facilitate a patient or family's request to be an organ or tissue donor.
- Military and Veterans: If you are a member of the armed forces, we may disclose protected health information about you as required by military command authorities. We may also disclose protected health information about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation: We may use or disclose your protected health information to comply with worker's compensation or other similar programs established by law for work-related injuries or illness.
- As Required by Law: We will disclose protected health information about you when required to do so by federal, state or local law.

- Public Health: We will disclose protected health information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths, including stillbirths;
 - to report certain injuries, cancer surveillance data, trauma registry data, birth defects, heart attacks to the national registry of myocardial infarctions and for required public health investigations;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to the Food and Drug Administration to report adverse events or product defects;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to your employer, as allowed by occupational health and safety laws, regarding work-related illness or injury or concerning medical surveillance activities so long as certain notice requirements are met.
- Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health 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 or to obtain an order protecting the information requested.

- Law Enforcement: We may disclose protected health to a law enforcement official:
 - to help you get financial assistance if you have been the victim of a crime or sexual assault;
 - if you are the victim of elder abuse or neglect, domestic violence if serious physical injury is present;
 - to report gunshot wounds, knife stabbing, suspicious injury and burns, as required by law;
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About a crime committed on our premises; and
 - In emergency circumstances 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 disclose protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. **We also will disclose protected health information about patients to funeral directors and others as necessary to carry out their duties and as required by law.**
- National Security and Intelligence Activities: We may disclose protected health about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others: We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or

foreign heads of state or conduct special investigations.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time except to the extent that your protected health information has already been used or disclosed before you revoked your authorization. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization.

If we receive protected health information from a facility covered by the Alcohol and Drug Rehabilitation Act, or if we receive or create certain psychiatric protected health information, we will not further disclose or disclose that protected health information without your express permission or as allowed or required by law.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your protected health information we maintain:

- Right to Inspect and Copy: You have the right to inspect and copy protected health information. This usually includes medical and billing records.

To inspect and copy your protected health information, you must submit your request in writing to _____ at the following address _____. If you request a copy of your protected health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. **This fee is set by South Carolina law.**

We may deny your request to inspect and copy your protected health information in certain very limited circumstances. If you are denied access to protected health information, in certain circumstances, you may request that the denial be reviewed. A licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- Right to Amend: If you feel that the protected health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility.

To request an amendment, your request must be made in writing and submitted to _____ at the following address _____ on our designated forms. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the protected health information kept by or for the Practice;
 - Is not part of the protected health information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures,” which is a list of the disclosures of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice and certain other disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to _____ at the following address _____. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you. You also have the right to request a limit on the protected

health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the protected health information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to _____ at the following address _____ on our designated forms. In your request, you must tell us: (1) what protected health information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. These restrictions will not apply if disclosure is required by law.

- Rights to Confidential Communications: You have the right to request that we communicate with you about health care matters in a certain way or to a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to _____ at the following address _____. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a paper copy of this Notice, contact the _____.

CHANGES TO THIS NOTICE

- We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you as well as any protected health information we receive in the future. We will post a copy of the current Notice in the Practice.

EFFECTIVE DATE OF THIS NOTICE

This Notice is effective April 14, 2003.

CONTACT

Contact _____ at (803) _____ - _____ if you have any questions about the Notice or for further information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact _____ at (803) _____ - _____.

All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review:

Name: _____ Birthdate _____

Signature: **X** _____

Date: _____

