

# **Gulf Coast Cardiothoracic and Vascular Surgeons**

## **Notice of Privacy Practices**

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

### **Introduction**

At *Gulf Coast Cardiothoracic and Vascular Surgeons* we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective April 14th, 2003 and applies to all protected health information as defined by federal regulation.

### **Understanding Your Health Record / Information**

Each time you visit *Gulf Coast Cardiothoracic and Vascular Surgeons*, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment.

This information, often referred to as your health or medical record, serves as a:

- Basis of planning your care and treatment.
- Means of communication among the many professionals who contribute to your care.
- Legal document describing the care you received.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A source of data for our planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your records and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of *Gulf Coast Cardiothoracic and Vascular Surgeons*, the information belongs to you. Below we have listed your rights.

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health records as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communication of your health information by alternative means or alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

*Gulf Coast Cardiothoracic and Vascular Surgeons* is required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice currently in effect.
- Notify you that we are not required to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provision effective for all protected health information we maintain. Should our information practices change, we will post a copy of our current notice in our office in a visible location at all times. You may request a copy of our most current privacy notice at any time.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the practice's Privacy Officer, at (239) 939-1767. If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either our Privacy Officer or the Office of Civil Rights.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

For *example*: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For *example*: we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will disclose protected health information to other physicians who may be treating you. For *example*, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or providing assistance with your health care diagnosis or treatment.

*We will use your health information for payment.*

For *Example*: Your protected health information will be used, as needed to obtain payment for your health care services. This may include certain activities that your health care insurance plan may undertake before it approves or pays for health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

*We will use your health information for healthcare operations.*

We may use or disclose, as needed, your protected health information in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging other business activities.

*For Example:* We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

*Business Associates:* We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

*Research:* We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

*Fund Raising:* We may contact you as part of a fund-raising effort.

*Others Involved in Your Healthcare:* Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person directly related to the involvement of your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

*Emergencies:* We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

*Marketing:* We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Workers Comp:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Coroners, Funeral Directors and Organ Donation:* We may disclose protected health information consistent with applicable law to assist Coroners, Funeral Directors, & Organ procurement organizations to carry out their duties. Duties that consist of but are not limited to; identification purposes, determining cause of death, information to use for organ, eye or tissue donation and transplant purposes.

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

*Public Health:* As required by law, we may disclose your health information to public health legal authorities charged with preventing or controlling disease, injury, or disability.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.