

- **Research.** Under certain circumstances, we may use and disclose information about you for research purposes. All research projects are subject to a special review process designed to balance the research risk/benefit ratio to patients. Before your information is used or disclosed for research, the project will be reviewed and approved through this process. We will ask for your specific written permission if you will be actively involved in research at CCIC.
- **Health Oversight Activities.** We may disclose protected health information to an agency with responsibility for overseeing health care activities. Health oversight activities include audits, investigations, inspections and licensure.
- **Required by Law.** We may disclose information about you if, and to the extent, we are required to do so by federal, state or local law.
- **Public Health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with medical devices, or to notify the appropriate governmental authorities if we believe a patient is the victim of abuse, neglect or domestic violence.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order or in response to a subpoena, discovery request, or other process by someone else involved in the dispute. In some circumstances, efforts must be made to tell you about the request for your protected health information or to obtain an order protecting the information requested.
- **Coroners, Medical Examiners and Funeral Directors.** We may release protected health information to a coroner or medical examiner to identify a deceased person, about the victim of a crime, about a death we believe may be the result of criminal conduct, about criminal conduct on our premises and in emergency circumstances to report a crime.
- **Worker's Compensation.** We may release protected health information about you for workers' compensation or similar programs which provide benefits for work-related injuries or illness.

- **To Prevent a Serious Threat to Health or Safety.** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Other Uses of Information

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give permission to use or disclose protected health information about you, you may revoke that permission in writing at any time. 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. We are unable to take back any disclosures we have already made with your permission. We are required to retain our records of the care that we provided you.

Acknowledgment of Receipt of This Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

For More Information or to Report a Problem

If you have questions and would like additional information you may contact any of our Office Managers or the practice's Privacy Officer at (727) 445-1992.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

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



NOTICE OF PRIVACY PRACTICES

FOR

CLEARWATER CARDIOVASCULAR & INTERVENTIONAL CONSULTANTS

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.

Clearwater
 455 Pinellas St., Ste. 400
 Clearwater, FL 33756
 Ph: (727) 445-1911
 FX: (727) 445-1986

Bardmoor
 8787 Bryan Dairy Rd., Ste. 210
 Largo, FL 33777
 Ph: (727) 394-1911
 FX: (727) 394-1986

Countryside
 1840 Mease Dr., Ste. 202
 Safety Harbor, FL 34695
 Ph: (727) 725-6246
 Fx: (727) 726-5865

Visit our website - www.ccicheart.com

Introduction

At CLEARWATER CARDIOVASCULAR & INTERVENTIONAL CONSULTANTS (CCIC), we are committed to treating and using protected health information about you responsibly. This Notice of Privacy 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 2003, and applies to all Protected Health Information (information) as defined by federal regulations.

Understanding Your Medical Record Information

Each time you visit CCIC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- 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, and
- 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 record and how your medical information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your medical information, and make more informed decisions when authorizing disclosures to others.

Your Medical Record Information Rights

Although your medical record is the physical property of CCIC, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request,
- Inspect and copy your medical record,
- Amend your medical record,

- Receive an accounting of disclosures of your protected health information,
- Request communications of your medical information by alternative means or at alternative locations, and
- Request a restriction on certain uses and disclosures of your medical information however, CCIC is not required to agree to the restriction.

Please contact our office to exercise your rights.

Our Responsibilities

CCIC is required by law to:

- Maintain the privacy of your medical information,
- Provide you with this notice as to our legal duties and privacy practices with respect to medical information that we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate medical information by alternative means or at alternative locations.

We reserve the right to change our practices and this notice and to make the revised notice effective for protected health information we already have and for any information we receive in the future. A current copy of the notice will be posted in our offices and you may request a copy of our current notice at any time.

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

Examples of Allowable Disclosures for: Treatment, Payment and Healthcare Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to determine a diagnosis or course of treatment.

We will also provide your primary, referring or specialist

physician or a subsequent health care provider with copies of various medical records and reports that should assist him or her in treating you.

We will use your health information for payment.

For example: A claim may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for our health care operations.

For example: Members of the practice may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of healthcare and service we provide.

Appointment reminders, treatment alternatives or other health related benefits: We may use and disclose information to contact you to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician billing, answering and transcription services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Example of Uses and Disclosures Without Consent or Authorization

In certain circumstances, we may disclose information without your consent. Some of the types of uses or disclosures that may be made without your consent are:

- **Communication with family.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.