

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Introduction

At MidAmerica Cardiovascular Consultants, 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 4/14/2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit MidAmerica Cardiovascular Consultants 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 is often referred to as your health or medical record or PHI (Patient Health Information).

Our Privacy Practices

Use and Disclosure: We may use or disclose your PHI for treatment, payment, or health care operations. For example:

- **Treatment:** Your PHI may be used or disclosed to any physicians or other health care providers involved with the medical services provided to you.
- **Payment:** Your PHI may be used or disclosed in order to collect payment for the medical services provided to you.
- **Health Care Operations:** Your PHI may be used or disclosed as part of our internal health care operations. Such health care operations may include, among other things, quality of care audits of our staff and affiliates, managed care peer review or Medicaid or Medicare peer review, conducting training programs, accreditation, certification, licensing or credentialing activities.

Authorizations: We will not use or disclose your medical information for any reason except those described in this Notice unless you provide us with a written authorization to do so. We may request such an authorization to use or disclose your PHI for any purpose, but you are not required to give us such authorization as a condition of your treatment. Any written authorization from you may be revoked by you in writing at any time, but such revocation will not affect any prior authorized uses or disclosures.

Patient Access: We will provide you with access to your PHI, as described below in the Individual Rights section of this Notice.

Locating Responsible Parties: Your PHI may be disclosed in order to locate, identify or notify a family member, your personal representative or other person that is responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you will be given the opportunity to consent to or prohibit or restrict the extent or recipients of such disclosure. If we determine that you are unable to provide such consent, we will limit the PHI disclosed to the minimum necessary.

Disasters: We may use or disclose your PHI to any public or private entity authorized by law or by its charter to assist in disaster relief efforts or to avert a serious threat to public health or safety.

Required by Law: We may use or disclose your medical information when we are required to do so by law. This might include information for judicial and administrative proceedings in response to an order of the court or an administrative tribunal; or a subpoena, discovery request or other lawful process, not accompanied by a court order or an ordered administrative tribunal.

Deceased Persons: After your death, we may disclose your PHI to a coroner, medical examiner, funeral director, or organ procurement organization in limited circumstances.

Research: Your PHI may also be used or disclosed for research purposes only in those limited circumstances not requiring your written authorization, such as those that have been approved by an institutional review board that has established procedures for ensuring the privacy of your PHI.

Military and National Security: We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. When required by law, we may disclose your PHI for intelligence, counterintelligence and other national security activities.

Uses and Disclosures in Emergency Situations: We will use and disclose PHI as appropriate to provide treatment in emergency situations. In those instances where we have not previously provided our NPP to a patient who receives direct treatment in an emergency situation, we will provide the Notice as soon as practicable following the provision of the emergency treatment.

Marketing Purposes: We will not use or disclose any PHI for marketing purposes unless we have your written permission to do so. We may engage in communications about products and services that encourages recipients of the communication to purchase or use the product or service for treatment, to direct or recommend alternative treatments, therapies, healthcare providers or settings of care to the individuals. We may contact the individual with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual. We may e-mail the above information if we have your permission to do so.

Your Individual Rights

Access and Copies: In most cases, you have the right to review or to purchase copies of your PHI by requesting access or copies in writing to our Privacy Officer. Please contact our Privacy Officer regarding our copying fees.

Disclosure Accounting: You have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than those described above for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a twelve month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Requests must be made in writing to our Privacy Officer.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make this request in writing to our Privacy Officer. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. Under certain circumstances we may deny your request but will provide you with a written explanation of the denial. You have a right to send us a statement of disagreement to which we may prepare a rebuttal, a copy of which will be provided to you at no cost. Please contact our Privacy Officer with any further questions about amending your medical record.

We reserve the right to change our practices at any time and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will e-mail the revised notice to you.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Privacy Officer at: (708)636-7575.

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