



Capital Cardiology Consultants, P.C.
Notice of Privacy Practices
Effective April 14, 2003

Our Promise to our Patients

Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

About This Notice

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights, and we have certain obligations, regarding the privacy of your Protected Health Information, and this Notice also explains your rights and obligations. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information?

“Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your Protected Health Information

For Treatment:

We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you may have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.

For Payment:

We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the 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. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for treatment.

For Health Care Operations:

We may use and disclose Protected Health Information for our Health care operations. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you receive and to evaluate the performance our team of members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.



Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services:

We may use and disclose Protected Health Information to contact you to remind you that you an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Research:

We may use and disclose your Protected Health information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information.

Funeral Directors, Coroners, and Medical Examiners:

We may disclose health information to the above so they may carry out their duties.

Organ and Tissue Donation:

If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation.

As Required by Law:

We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health and Safety:

We may use and disclose your health information when necessary to prevent a serious threat to your health or safety or to the health and safety of others.

Business Associates:

We may disclose your health information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions. For example, we may use a company to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and insure the security of your Protected Health Information.

Military and Veterans:

If you are a member of the armed forces, we may disclose your health information as required by military command authorities, or foreign military authorities.

Workers' Compensation:

We may use or disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Uses and Disclosures That Require Us to Give You and Opportunity to Object or Opt Out:

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in 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 the best interest based on our professional judgment.

We may disclose your health information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.



Right to Inspect and Copy

You have the right to inspect and copy your Protected Health Information (a fee may be charged according to state law). We may deny your request in certain limited circumstances. If we deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to Request Amendments

If you feel that the health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to ask for an amendment for as long as the information is kept by or for us. A request must be made in writing to the Privacy Officer at the address provided at the end of this notice, and it must tell us the reason for your request. In certain cases we may deny your request. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an Accounting of Disclosures

You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your health record. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this notice. It excludes disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

Right to Request Restrictions

You have the right to request restriction or limitation on the health information we disclose for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family or a friend. To request a restriction on who may have access to your health information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction applied. We are not required to agree with your request, unless you are asking us to restrict the use and disclosure of your health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.

Out of Pocket Payments

If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your health 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 Request Confidential Communications

You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number.

You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.



Right to a Paper Copy of this Notice

You have the right to a paper copy of this Notice, even if you agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request in writing to our Privacy Officer:

Attn: Jody Horner
1160 Varnum St. N.E. Suite 100
Washington, DC 20017.

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted on our website.

Complaints

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our Privacy Officer listed under “How to Exercise Your Rights”. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.