

\_\_\_\_\_ **Dr. Rittelmeyer**

**Complete Cardiovascular Center of Monroe**

**Notice of Health Information 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. THIS NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES IS EFFECTIVE AUGUST 1, 2002**

**Understanding Your Health Record and Information:** Each time you visit a hospital, physician, or other healthcare provider, 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 is often referred to as your health or medical record and serves as a basis for planning your care and treatment, a means of communication among the many health professionals, who may contribute to your care, the means by which you or a third-party payer can verify that services billed were actually provided, 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 your record and how 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 the healthcare practitioner or facility that compiled the information belongs to you. You have the right to:  
\***Request** a restriction and certain uses and disclosures of your information as provided by 45 CFR 164.522, although this entity is not required to agree to any requested restriction.  
\***Receive** confidential communications of protected health information as provided by 45 CFR 164.522.      \***Obtain** a paper copy of the notice of information practices upon request.  
\***Inspect** and obtain a copy of your health record as provided for in 45 CFR 164.524.      \***Amend** your health record as provided in 45 CFR 164.526      \***Obtain** an accounting of disclosures of your health information as provided in 45 CFR 164:528      \***Request** communications of your health information by alternative means or at alternative locations      \***Revoke** your authorization to use or disclose health information except to the extent that action has already been taken.

**Our responsibilities:** The Law requires this organization      \* **Maintain** the privacy of your health information      \* **Provide** you with a notice as to our legal duties and privacy practices with respect to information 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.      \* **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 new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to our last known address. We will not use or disclose your health information without your authorization, except as described in this notice. **FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions, or would like additional information, please contact: Name: Tammye Byrd, Office Manager, telephone 318-361-9900, 1100 N 18<sup>th</sup> St, Monroe, LA 71201.**

If you believe your privacy rights have been violated, you can file a complaint with the director of Health Information Management either orally or in writing or you may file with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:** We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Our physician will document his or her expectation of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will use your health information for payment: *For example:* A bill 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 REGULAR HEALTH OPERATIONS:** *For example:* Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement manager, or members of the quality improvement team may use information in your health record to access 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 the healthcare and service we provide.

**Business associates:** There are some services provided in our organization through contact with business associates: Examples include physician services in the emergency department and radiology, certain laboratory test and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you and your third-party payer for services rendered. To protect your health information, however, we require the business associate appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

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

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

**Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in procurement, banking, or transplantation or organs for the purpose of tissue donation and transplant.

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

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

**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 replacement.

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

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.

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

**Oversight:** Federal law makes provision 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 we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, works or the public.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization, if given, as provided by 45.CFR&508(b)(5).

I, \_\_\_\_\_, acknowledge receipt of this Notice of Health Information Privacy Practices. Date \_\_\_\_\_