

Notice of Privacy Practices of South Texas Cardiovascular Consultants, P.L.L.C.

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

This notice describes our privacy practices. We are required by law to protect the confidentiality of your medical information; provide you with this notice of our legal duties and privacy practices; and abide by the terms of our current notice of privacy practices. We may change this notice and our privacy policies at any time and have the revised notice and policies apply to all the protected health information we maintain. If we change our notice, we will post the new notice in our offices where it can be seen. You have the right to request at any time a paper copy of our current notice, even if you have agreed to receive this notice electronically.

A. How the Practice May Use or Disclose Your Health Information.

1. **For Treatment.** We may use and disclose your health information to those involved in your treatment. For example, your information may be used by or disclosed to a physician or other health care provider in this practice. Because your physician in this practice is a specialist, we may request that your primary care physician share your health information with us, and we may provide your primary care physician with information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any. We may also provide your information to laboratories, pharmacists, and other outside providers involved in your treatment.

2. **For Payment.** We may use and disclose your health information to others for purposes of billing and collecting payment for treatment and services that we provide to you. For example, we may submit a bill to you or a third-party who is financially responsible for your treatment, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and the treatment or supplies used in the course of treatment. We may also disclose your health information to other health care providers to assist in their billing and collection efforts.

3. **For Health Care Operations.** We may use and disclose your health information to perform activities that support this practice, such as cost-management and business planning activities, and activities that ensure the delivery of quality care. For example, we may engage the services of a professional (such as an accountant, auditor, or attorney) to assist us with compliance-related activities. If we do so, these professionals may review billing and medical files. We may also ask quality improvement personnel to review our charts and medical records to evaluate the performance of our staff. We may also disclose your health information to other health care providers to assist in their health care operations.

B. Disclosures That Can Be Made Without Your Authorization. There are situations in which we are permitted to disclose or use your health information without your authorization and without providing you with an opportunity to object. Provided below are descriptions of such situations.

1. **Public Health, Abuse or Neglect, and Health Oversight.** We may disclose your health information to certain public health authorities (such as local and state health departments and the Centers for Disease Control and Prevention) that are authorized by law to collect information for purposes of reporting information about disease or injury; reporting vital statistics; investigating the occurrence and cause of injury and disease; and monitoring adverse outcomes related to food, drugs, biological products, or medical devices. For example, if authorized by law, we may disclose health information about a patient to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may also disclose a patient's health information to report reactions to medications, report problems with products, or notify people of recalls of products they may be using. We may also disclose your health information to your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Texas law requires physicians to report child abuse or neglect. Texas law also requires physicians who have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation to report that information to the state. We are permitted to disclose health information about a patient to a public agency authorized to receive reports of child abuse or neglect and to disclose information about a patient to report abuse or neglect of elders or the disabled.

We may disclose your health information to a health oversight agency in connection with certain "oversight activities" authorized by law. Examples of these activities include audits; investigations; inspections; surveys; licensure and disciplinary actions; administrative, civil, and criminal actions or proceedings; and other activities necessary for the government to monitor government programs, the health care system, and compliance with civil rights laws.

2. **Disclosures Required by Law.** We may disclose information about you when disclosure is required by law.

3. **Legal Proceedings/Law Enforcement.** We may disclose a patient's health information in the course of judicial or administrative proceedings in response to an order of a court (or an administrative decision-maker) or other appropriate legal process. Certain requirements must be met before we disclose your information under these circumstances. We may also disclose a patient's information if asked to do so by a law enforcement official if the information: (a) is released pursuant to legal process, such as a warrant or subpoena; (b) pertains to a victim of crime and the patient is incapacitated; (c) pertains to a person who has died under circumstances that may be related to criminal conduct; (d) is about a victim of crime, and we are unable to obtain the person's consent; (e) is released because of a crime that has occurred on our premises; or (e) is released to locate a fugitive, missing person, or suspect. We also may release a patient's information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

4. **Workers' Compensation.** We may use or disclose your health information in order to comply with laws and regulations related to workers' compensation and similar programs.

5. **Decedents.** We may disclose a deceased patient's health information to (a) a funeral director when such disclosure is necessary for the director to carry out his or her lawful duties; (b) to a coroner or medical examiner to identify a deceased person or a cause of death; and (c) an organ procurement organization for cadaveric organ, eye, or tissue donation purposes, if the patient is a donor.

6. **Research.** We may use and disclose your health information for research purposes when an institutional review board or privacy board has reviewed the research project, approved the research, and established protocols to ensure the privacy of your health information. We may also use a patient's health information in connection with certain activities preparatory to research and in connection with research on the protected health information of decedents.

7. **Government Functions.** If you are in the military, we may disclose your health information to appropriate military command

officers upon request. We may also disclose your information to federal officials (a) for national security and intelligence activities authorized by law and (b) for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

8. Inmates. If a patient or other individual is an inmate or under the custody of a law enforcement official, we may disclose that person's health information to correctional institutions or law enforcement officials if the information is necessary to allow the institution to provide that person with medical care, to protect the health or safety of that person or others, or to maintain the safety, security, and good order of the institution.

C. Your Rights. You have the following rights regarding the protected health information maintained by this practice:

1. Requested Restrictions. You have the right to request that we restrict or limit how we use or disclose your protected health information for purposes of treatment, payment, or health care operations. You also may request that we limit disclosure to family members, other relatives, or close personal friends who may or may not be involved in your care. We do NOT have to agree to the requested restriction, but if we do agree, we will comply with your request except under emergency circumstances or when otherwise required by law to use or disclose your information in violation of your request. **To request a restriction,** please submit the following information in writing: (a) the information to be restricted; (b) what kind of restriction you are requesting (for example, on the use of information, disclosure of information, or both); and (c) to whom the restrictions apply. Please send the request to our Privacy Officer at the address provided at the end of this notice. You do not need to provide us with the reason for your request.

2. Confidential Communications. You have the right to request that we communicate with you about your health and related issues by alternative means or at an alternative location. For example, you may request that we contact you at work rather than at home. We are required to accommodate only *reasonable* requests. **To request a restriction,** please submit the following information in writing: exactly how you want us to communicate with you and, if you are directing us to send communications to a particular place, the contact/address information. Please send the request to our Privacy Officer at the address provided at the end of this notice. You do not need to provide us with the reason for your request.

3. Inspection and Copies of Protected Health Information. You have the right to inspect and/or receive copies of your health information that is maintained by this practice. Texas law requires that requests for copies be made in writing. We ask that requests for inspection of your health information also be made in writing. Please send your request to our Privacy Officer at the address provided at the end of this notice.

We may ask that a narrative of your health information be provided rather than copies. However, if you do not agree to our request, we will provide copies. We are also permitted to refuse to provide some of the information you ask to inspect or be copied if the information: (a) is psychotherapy notes; (b) reveals the identity of a person who provided information under a promise of confidentiality; (c) is subject to the Clinical Laboratory Improvements Amendments of 1988; or (d) has been compiled in anticipation of litigation. We are also permitted to refuse to provide access to or copies of your health information in other limited situations, provided that we arrange for a review of our decision on your request. Any such review will be made by another licensed health care provider who was not involved in the decision to deny access.

Texas law requires us to be ready to provide copies or a narrative of your health information within 15 business days of your request or, in many situations, within 15 business days of receipt of payment for such copies. We will inform you when your records are ready or if we believe access should be limited. If we deny access, we will inform you of our decision in writing. We are, under most situations, permitted to charge a reasonable fee for providing copies of medical records.

4. Amendment of Health Information. You have the right to request an amendment of your health information maintained by this practice. Any such request must be submitted in writing to our Privacy Officer and must include the reason(s) that support your request for amendment. We will respond within 60 days of your request. We will deny your request if you fail to submit the request in writing (and /or include the reason(s) supporting your request). Additionally, we may refuse to allow an amendment if, in our opinion, the information in question: (a) was not created by our practice, unless you supply us with a reasonable basis to believe that the person or entity that created the record is not available to amend the record; (b) is not part of our designated record set; (c) is not part of the records you would be permitted to inspect or obtain copies; or (d) is accurate and complete. If we refuse to allow an amendment, we will inform you in writing. If we deny your request, you are permitted to include a statement about the information at issue in your medical records. If we approve the request, we will inform you in writing; will allow the amendment to be made; and, upon a request from you to do so, will notify the relevant persons and entities named in your request with which the amendment needs to be shared.

5. Accounting of Certain Disclosures. You have the right to request an accounting of disclosures made by this practice for purposes other than for treatment, payment, or health care operations, made pursuant to an authorization signed by you or your representative; or made to you or your representative. Please submit any request for an accounting to our Privacy Officer at the address provided at the end of this notice. In your request, specify the time period for which you are requesting an accounting (which may not be longer than six years from the date of disclosure or include dates before April 14, 2003). Your first accounting of disclosures within a 12-month period will be free. For additional requests within that period, we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request before any costs are incurred.

D. Appointment Reminders, Treatment Alternatives, and Other Benefits. We may contact you by telephone, mail, or both, to provide appointment reminders, information about treatment alternatives, or other health-related benefits or services. If we contact you by telephone and no one answers the call, it is our practice to leave a message on the telephone answering machine. If we contact you by mail, we may use a postcard instead of a sealed envelope.

E. Complaints. If you are concerned that your privacy rights have been violated, you may contact our Privacy Officer at the address provided at the end of this notice. We request that all complaints be submitted in writing. You may also send a written complaint to the Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government.

F. Patient Authorization. We will obtain your written authorization for uses and disclosures that are not identified in this notice or permitted by applicable law. If you choose to sign an authorization, you can later revoke that authorization, in writing, to stop future uses and disclosures; however, any revocation will not apply to disclosures or uses already made or to disclosures made in reliance on your prior authorization.

G. Contact Information. If you have any questions or complaints, or if you want to make a request pursuant to any of the rights described above, please contact our Privacy Officer at 4330 Medical Dr., Suite 125, San Antonio, Texas 78229; (210) 616-0237.