

NOTICE OF PRIVACY PRACTICES - SJH CARDIAC CATHETERIZATION ASSOC., P.C.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AS A PATIENT, UTILIZING THE SERVICES OF THIS PRACTICE, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY - SJH CARDIAC CATHETERIZATION ASSOC., P.C. ("SJH CARDIOLOGY") is dedicated to maintaining the privacy of your protected health information ("PHI"), which includes electronic protected health information, all in accordance with the provisions of the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act, and their regulations (collectively, the "HIPAA Rules"). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our Practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time of your care.

We realize that these laws are complicated, but we must provide you with the following important information:

How we may use and disclose your PHI
Your privacy rights regarding your PHI
Our obligations concerning the use and disclosure of your PHI

The terms of this Notice apply to all records containing your PHI that are created or retained by SJH CARDIOLOGY (also referred to in this Notice as the "Practice"). We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that our Practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our Practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time. We will post the Notice on the Practice's website, if the Practice maintains a website. We will also make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER AT: 4820 West Taft Road, Suite 209, Liverpool, New York 13088
315-448-6215**

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION ("PHI") IN THE FOLLOWING WAYS

1. Treatment. The Practice may use your PHI to treat you. For example, your doctor may ask you to have laboratory tests (such as blood or urine tests) to clear you for surgery. We will receive the results of the tests and notify your surgeon and the hospital of the results. Many of the people who work for SJH CARDIOLOGY— including, but not limited to, our nurses, clerical staff and technicians – may use or disclose your PHI in order to assist others in your treatment. Additionally, we may disclose your PHI to others who may participate in your care, such as medical specialists you may be referred to for treatment or pharmacists who provide your medications.

2. Payment. SJH CARDIOLOGY may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding the diagnostic testing that has been ordered for you to determine if your insurer will cover, or pay for, your testing. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. We may use your PHI to bill you directly for services.

3. Health Care Operations. SJH CARDIOLOGY may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your PHI for our operations, our Practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our Practice.

4. Appointment Reminders: The Practice may from time to time use and disclose your PHI to contact you and confirm a scheduled appointment. The reminder may also be in the form of a business card, postcard or letter. The Practice will try to minimize the amount of information contained in the reminder. The Practice may contact you by phone, and if you are not available, the Practice will leave a message for you.

5. Release of Information to Family/Friends. Our Practice may release your PHI to a friend or family member, identified by you, who is involved in your care, or who assists in taking care of you. For example, a friend may drive you to and home from our laboratory draw station. If you need to return for additional blood draws, we may have to tell your friend or family member. Therefore, some of your PHI may be shared. The Practice may also disclose your PHI to notify or assist in the notification (including identifying or locating) of a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases the following conditions will apply:

(a) The Practice may use or disclose your PHI if you agree, or if the Practice provides you with opportunity to object and you do not object, or if the Practice can reasonably infer from the circumstances, based on the exercise of its judgment, that you do not object to the use or disclosure.

(b) If you are not present, the Practice will, in the exercise of its judgment, determine whether the use or disclosure is in your best interests, and if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

6. Disclosures Required By Law. The Practice will use and disclose your PHI when we are required to do so by federal, state or local authorities.

7. Sign-In Sheet. The Practice may use a sign-in sheet at the registration desk. The Practice will also call your name in the waiting room when the physician or other provider is ready to see you.

8. Treatment Alternatives/Benefits. The Practice may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

9. Marketing. SJH CARDIOLOGY, if applicable, may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. However, marketing does not include, for example, sending you a newsletter about this Practice. Marketing also includes the receipt by the practice of financial remuneration, directly or indirectly, from a third party whose product or service is being marketed to you. The Practice will inform you if it engages in marketing and will obtain your prior authorization.

10. Fundraising. The Practice, if applicable, may use and/or disclose some of your PHI in order to contact you for fundraising activities supportive of the Practice and you have the right to opt out of receiving such communications. Any fundraising materials sent to you will describe how you may opt out of receiving further communications.

11. On-Call Coverage. In order to provide on-call coverage for you, it is necessary that the Practice establish relationships with other physicians and medical answering service vendors who will take your call if a physician is not available. Those on-call physicians and answering service vendors will provide the Practice with whatever PHI they create and will, by law, keep your PHI confidential.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

SJH CARDIOLOGY may use and/or disclose your PHI without a written authorization from you. The following categories describe unique scenarios in which we may do so:

1. Public Health Risks. SJH CARDIOLOGY may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintenance of vital records, such as births and deaths
- Mandatory reporting, such as child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notification of a person regarding potential exposure to a communicable disease
- Notification of a person regarding a potential risk for spreading or contracting a disease or condition
- Notification of your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

- 2. Health Oversight Activities.** SJH CARDIOLOGY may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. Lawsuits and Similar Proceedings.** SJH CARDIOLOGY may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.
- 4. Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
- 5. Deceased Patients.** SJH CARDIOLOGY may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- 6. Research.** SJH CARDIOLOGY may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our Practice.
- 7. Serious Threats to Health or Safety.** SJH CARDIOLOGY may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will make disclosures to a person or organization able to help prevent the threat.
- 8. National Security.** SJH CARDIOLOGY may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- 9. Inmates.** SJH CARDIOLOGY may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- 10. Workers' Compensation.** SJH CARDIOLOGY may release your PHI for workers' compensation and similar programs.
- 11. De-identified Information.** The Practice may release your PHI if it is altered such that it does not identify you and, even without your name, cannot be used to identify you.
- 12. Business Associate.** SJH CARDIOLOGY may disclose to a business associate, which is someone who the Practice contracts with to provide a service necessary for your treatment, payment for your treatment and healthcare operations (e.g. billing service or transcription service). The Practice will obtain satisfactory written assurance, in accordance with the applicable law, that the business associate will appropriately safeguard your PHI, and the business associate will ensure that its subcontractors, if any, appropriately safeguard your PHI as well.
- 13. Organ, Eye, or Tissue Donation.** If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs.

14. Food and Drug Administration. SJH CARDIOLOGY may disclose PHI if required by the Food and Drug Administration to report adverse events, product defects, or problems or biological product deviations, or to track products, or to enable product recalls, repairs, or replacements, or to conduct post marketing surveillance.

15. Abuse, Neglect, or Domestic Violence. SJH CARDIOLOGY may disclose PHI to a government authority if the Practice is required by law to make such disclosure. If the Practice is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if the Practice believes that you have been the victim of abuse, neglect, or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.

16. To you or a Personal Representative. The Practice may disclose to you, or to a person, who under applicable law, has the authority to represent you in making decisions related to your healthcare.

E. AUTHORIZATION

As detailed in the HIPAA Rules, certain uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes (as noted in the "Marketing" section of this Notice), and disclosures that constitute a sale of PHI require a written authorization from you, and other uses and disclosures not otherwise permitted as described in this Notice will only be made with your written authorization, which you may revoke at any time as detailed in the "Your Rights Regarding Your PHI" section of this Notice.

F. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our Practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, at the address on this Notice, specifying the requested method of contact, or the location where you wish to be contacted. Our Practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request, except to the extent required by the HIPAA Rules;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer, at the address on this notice. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our Practice's use, disclosure or both; and
- To whom you want the limits to apply.

3. Restricting Certain Disclosures. You have the right to request restrictions of certain disclosures of PHI about you to a health plan where you pay out of pocket in full for the health care item or service.

4. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to our Privacy Officer, at the address on this Notice, in order to inspect and/or obtain a copy of your PHI. SJH CARDIOLOGY may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. SJH Cardiology may also charge you a fee for the cost of copying, mailing, or other supplies associated with your request, all in accordance with applicable law.

5. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as SJH CARDIOLOGY maintains the

information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer, at the address on this Notice. You must provide us with a reason that supports your request for amendment. SJH CARDIOLOGY will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the Practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our Practice, unless the individual or entity that created the PHI is not available to amend the information.

6. Accounting of Disclosures. All patients utilizing our services have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine care in our Practice is not required to be documented for “accounting of disclosures”. For example, the laboratory sharing PHI with the doctor; or the billing department using your PHI to file your claim. To obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer, at the address on this notice. Requests for an “accounting of disclosures” must state a time period no longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as paper or electronic copy). The first list you request within a twelve (12) month period will be free, but SJH CARDIOLOGY may charge you for the cost of providing additional lists in the same twelve (12) month period. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

7. Right to a Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices (or to receive a copy by e-mail if you so request). To obtain a copy of this Notice, contact our Privacy Officer, at the address on this Notice.

8. Breach Notification. You have the right to be notified following a breach of your Unsecured PHI (as such term is defined by the HIPAA Rules).

9. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with SJH CARDIOLOGY or with the Secretary of the Department of Health and Human Services: Office for Civil Rights, Jacob Javits Federal Building, 26 Federal Plaza-Suite 3312, New York, New York 10278. A list of the regional offices of the Office for Civil Rights can be found at www.hhs.gov/ocr/office/about/rgn-hqaddresses.html. To file a complaint with our Practice, contact our Privacy Officer, at the address on this Notice. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

10. Right to Provide an Authorization for Other Uses and Disclosures. As noted above, SJH CARDIOLOGY will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the **Privacy Officer at SJH CARDIOLOGY ASSOCIATES** at the address mentioned above.

**EFFECTIVE DATE: THIS NOTICE WAS ORIGINALLY IN EFFECT AS OF APRIL 14, 2003.
THIS REVISED NOTICE IS IN EFFECT AS OF SEPTEMBER 23, 2013.**