



Associates in Cardiology P.A

P: (301)-681-5700

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NOTICE OF PRIVACY PRACTICES

Privacy Officer- Michael Lincoln, M.D. (301)-681-5700

Effective Date: 09/23/2013

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

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice please contact the Privacy Officer listed above.

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How This Medical Practice May Use or Disclose Your Health Information

This medical practice collects health information about you and stores it in a chart (for care received prior to 01/01/2011) and in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment:** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription for you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick, injured or after you die.
2. **Payment:** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided you.
3. **Health Care Organizations:** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services audits such as fraud and abuse detection, compliance programs and business planning and management. We may also share your medical information with our "business associates", such as our statement service that performs administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you when they request this information to help them with their quality assessment, improvement activities, patient safety activities, population based efforts to improve health or reduce costs, protocol development, case management, care coordination, review of competence, qualifications and performance of health care providers, accreditation or certification or licensing activities.
4. **Appointment Reminders:** We may use and disclose medical information to contact and remind you about appointments. If you are not home we may leave this information on your answering machine, by text message or email notification.



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5. **Sign In Sheet:** We may use and disclose medical information about you by having you sign in when you arrive at the office. We may also call out your name when we are ready to see you.
6. **Notification and Communication With Family:** We may use and disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care to include your general condition or, unless you have instructed us otherwise, in the event of your death. In the event of a disaster we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgement in communication with your family and others.
7. **Marketing:** We may encourage you to maintain a healthy lifestyle, get recommended tests, participate in a disease management program or tell you about government sponsored health programs. Your medical information will never be used for advertising or marketing purposes.
8. **Sale of Health Information:** We will not sell your health information.
9. **Required by Law:** As required by law we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, domestic violence, respond to judicial or administrative proceedings or to law enforcement officials we will further comply with the requirement set forth below concerning those activities.
10. **Public Health:** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to preventing/controlling disease, injury/disability, reporting child/elder/dependent abuse or neglect, domestic violence, reporting to the Food and Drug Administration problems with products and/or reactions to medications or reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence we will inform you or your personal representative promptly unless in our best professional judgement we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for suspected abuse.
11. **Health Oversight Activities:** We may and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
12. **Judicial and Administrative Proceedings:** We may and are sometimes required by law to disclose your health information in the course of any administrative or judicial proceedings to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process



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- if reasonable efforts have been made to notify you of the request and you have not objected or if your objections have been resolved by a court or administrative order.
13. **Law Enforcement:** We may and are sometimes required by law disclose your health information to law enforcement for the purposes such as identifying or locating a suspect, fugitive, material witness or missing person. Additionally we may disclose your health information to comply with a court order, warrant, grand jury subpoena or other law enforcement purposes.
 14. **Coroners:** We are often required by law to disclose your health information to coroners in connection with their investigations of deaths.
 15. **Organ or Tissue Donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs or tissue.
 16. **Public Safety:** We may as required by law disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
 17. **Proof of Immunization:** We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
 18. **Specialized Government Functions:** We may disclose your health information for military or national security purposes, correctional institutions or law enforcement officers that have you in their lawful custody.
 19. **Workers Compensation:** We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers compensation we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or illness to the employer or workers compensation insurer.
 20. **Change of Ownership:** In the event that this medical practice is sold or merged with another organization your health information/record will become property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
 21. **Breach Notification:** In the case of a breach of unsecured protected health information we will notify you as required by law. If you have provided us with a current email address or registered on our secure patient portal we may use this method to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
 22. **Research:** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
 23. **Maryland Health Information Exchange/CRISP:** Since October 12, 2011 the practice has chosen to participate in the Chesapeake Regional Information System for our Patients Inc. (CRISP), a statewide internet-based health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access



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better coordination of care to assist providers and public health officials in making more informed medical decisions. You may opt-out and prevent searching of your health information available through CRISP by mail, fax or through their website at www.crisphelath.org.

When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose you may revoke your authorization in writing at any time.

Your Health Information Rights

1. **Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-pocket, we will abide by your request unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.
2. **Right to Request Confidential Communications:** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. **Right to Inspect and Copy:** You have the right to inspect and copy your health information with limited exceptions. To access your medical information you must submit a written request detailing what information you want access to, whether you want to inspect it or receive a copy of it and your preferred form and format of the requested documents. We will provide copies of your requested form and format if it is readily producible or we will provide you an alternative format you find acceptable. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies and postage. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient you will have the right to appeal our decision. If we



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deny your request to access your psychotherapy notes you will have the right to have them transferred to another mental health professional.

4. **Right to Amend or Supplement:** You have the right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this medical practices' denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information or if the information is accurate and complete as is. If we deny your request you must submit a written statement of your disagreement with that decision and we may in turn prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. **Right to an Accounting of Disclosures:** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you pursuant to your written authorization or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers or which are incident to a use or disclosure otherwise permitted or authorized by law or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from the agency or official that providing this accounting would be reasonably likely to impede their activities.
6. **Right to a Paper or Electronic Copy of This Notice:** You have a right to a notice of our legal duties and privacy practices with respect to your health information including a right to a copy of this Notice of Privacy Practices, even if you have previously requested its receipt by email.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights contact our Privacy Office listed on the top of this Notice of Privacy Practices.

Changes to This Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made we are required by law to comply with the terms of the notice currently in effect. After an amendment is made the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. A copy of the current notice will be available at each appointment and will be available on our website- www.associatesincardiology.com.



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Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint you may submit a formal complaint to:

US Department of Health and Human Services

150 Independence Mall West, Suite 372

Public Ledger Building

Philadelphia, PA 19106-9111

Phone: 1-800-368-1019 Fax: 215-861-4431

The complaint form may be found at

<https://www.hhs.gov/hipaa/index.html>

You will not be penalized in any way for filing a complaint.