

HEART MASTERS MEDICAL ASSOCIATES
NOTICE OF PRIVACY PRACTICES

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

Heart Masters Medical Associates is required by federal and state laws to maintain the privacy of "Protected health Information" ("PHI") and to provide you with notice about your rights, our legal duties and privacy practices with respect to your right, our legal duties and privacy practices with respect to your PHI. We must abide by the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that may be more stringent to the federal standards. **This notice is effective as of April 14, 2002.**

PHI is information about you, including demographic information, that can be reasonably used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of related health care services to you or the payment of that care. This Notice tells you about the ways in which we may collect, use and disclose your PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. Your rights concerning your PHI are also discussed in this notice.

HOW WE MAY USE AND DISCLOSE YOUR PHI:

We may use and disclose your PHI without your authorization for purposes of payment, health care operations and treatment. Examples of these types of uses and disclosures include:

- **Payment:** We use and disclose your PHI in order to process claims and seek reimbursement for your health expenses covered by an insurer or plan. Examples: We may contact your insurer to determine eligibility and the amount of your co-payment; the information on or accompanying the bill may include PHI.
- **Health Care Operations:** We use and disclose your Phi in order to perform our administrative activities, including data management and customer service.
- **Treatment:** We may use and disclose your PHI to assist your health care Providers (doctors, dentist, hospitals, pharmacies and other) in your diagnosis and treatment. Example: Our physician can contact your referring physician to verify and /or obtain additional information regarding your health status and PHI may be disclosed in the process.

OTHER PERMITTED OR REQUIRED DISCLOSURES OF YOUR PHI:

- **Business Associates:** There are some services provided by us through contracts with business associates and PHI disclosure may be necessary to perform the job we have asked them to do. To protect your PHI, we require the business the business associated to abide by the appropriate privacy measures.
- **Communication with Individuals Involved in Your Care or Payment:** Health professionals such as physicians may disclose using their professional judgment, to a family member, close personal friend or any person you identify. PHI relevant to the person's involvement in your care or related payments.
- **Health Oversight activities:** we may disclose PHI to government oversight agencies as authorized by law, including audits, investigation, and inspections, as necessary for our licensure and for the government to monitor the health care system and compliance with laws and regulations.

OTHER USES AND DISCLOSURES OF PHI WITH AN AUTHORIZATION:

Other uses or disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent we have already taken action on the information disclosed or if we are permitted by law to use this information.

YOUR RIGHTS REGARDING PHI:

You have certain rights regarding the PHI that we maintain about you. You have a right to:

- **Access Your PHI:** You have the right to review or obtain copies of your PHI records, with some limited exceptions, these records usually include physician notes prescription, billing and claim information. To inspect or copy your PHI, you must request it a in writing. We may charge you an administrative fee for the cost of copying, mailing and supplies necessary to fulfill your request. If you are denied access due to certain limited circumstances, you may request that the denial be reviewed.

- **Amend Your PHI:** If you feel that PHI maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or you ask us to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut your statement.
- **An Accounting of Disclosures by Us:** You have the right to request an accounting of disclosures we have made about your PHI. The list will not include our disclosures related to your treatment, billing or receipt of payment, health care operations, for notification purposes, disclosures made to you, or with your organization. Your request for an accounting of disclosures must be made in writing and must state the time period for which you want an accounting. The time period must not be longer than six years and may not include dates before April 14, 2003. The first accounting that you request within a 12-month period will be free. We may charge for additional accountings within the same period of time. You will be informed of the cost in advance and you may choose to withdraw or modify your request at that time.
- **Request Restrictions on the Use and disclosure of your PHI:** You have the right to request that we restrict or limit how we use or disclose your PHI for treatment, payment or healthcare operations. Your request for a restriction must be made in writing. Your request must tell us: 1) what information you want to limit; 2) whether you want to limit how we use or disclose your information, or both; and 3) to whom you want the restrictions to apply. We may not agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency or required by law.
- **Receive Confidential Communications:** You have the right to request that we use a certain method to communicate with you about your PHI or that we send your PHI to certain location if the communication could endanger you. Your request to confidential communications must be made in writing and must clearly state that all or part of the communication from us could endanger you. Your request must specify how and where you wish to be contacted. We will accommodate all reasonable request
- **Contact Information for Exercising Your Rights:** You may exercise any rights described above by contact our HIPAA Privacy Office. See Information Below.

HEALTH INFORMATION SECURITY:

We require all employees to follow Heart Masters Medical Associates security practices that limit access to patient health information only to those employees who need it to perform their job responsibilities. In addition, Heart Masters Medical Associates maintains physical, administrative and technical security measures to safeguard your PHI.

COMPLAINTS:

If you believe that your privacy rights have been violated, you may file a complaint with us and / or the Secretary of the Department of Health and Human Services. All complaints regarding Heart Masters Medical Associates must be in writing and sent to the HIPAA Privacy Office listed at the end of this Notice. We support your right to protect your privacy of your PHI and we will not retaliate against you for filing a complaint.

CONTACT THE HIPAA PRIVACY OFFICER: HMMA Business Associate

Carline Dawson
 7700 Old Branch Avenue
 Clinton, MD 20735
 301-877-4933