

## **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.

For purposes of this Notice, your "health information" is generally any information that identifies you and is created, received, maintained or transmitted by Houston Cardiovascular Associates ("we" and "us" in this Notice) in the course of providing health care services or items to you (referred to "health information" in this Notice). We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws to maintain the privacy of your health information, to provide individuals with this notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health information.

Houston Cardiovascular Associates reserves the right to change this notice and to make the revised notice effective for all protected health information that we maintain at that time and any information we may receive in the future. We will post a copy of the current notice in our facilities and on our website, and we will make any revised notice available at the facilities for you to request a copy. As required or authorized by law, we abide by the terms of this notice while it remains in effect.

## **HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways that Houston Cardiovascular Associates may use or disclose your health information.

**Treatment**: We may use your health information to provide you with medical treatment or services. For example, we may disclose your health information to a pharmacy for prescriptions, a laboratory for testing, or another health care specialist for a consultation or continuity of care.

**Payment**: We may use or disclose your health information to bill and receive payment for treatment or services from health plans and other entities. We may also use your health information in order to obtain prior approval or to determine whether your health plan will cover a particular service or treatment. We may also disclose your health information to other health care providers, health plans, and clearinghouses for their payment activities.

**Health Care Operations**: We may use or disclose your health information in order to run our practice, improve your care, and contact you when necessary by phone, email or standard mail. Your health information may be used or disclosed for training purposes, performance evaluations and reviews, accreditations, certifications, licensing or credentialing activities. Houston Cardiovascular Associates will take the necessary steps to either mask or limit the amount of health information disclosed in these situations.

Communication and Appointment Reminders: We may use your health information for the purpose of contacting you regarding future appointments or to provide information regarding alternative treatments or other health-related services that may be of interest to you. This may include the use or disclosure of personal information such as phone numbers and email addresses provided to us, as well as leaving messages on any voicemails, home answering machines, or with any other individual answering the phone at the provided number. Any information that is disclosed by Houston Cardiovascular Associates will be limited.

**Comply with The Law:** We may use and disclose health information about you when required to do so by federal, state and local law. This may include health information pursuant to an order, warrant, subpoena or summons issued by a judicial officer, health information pursuant to requests related to law enforcement purposes, or information to the Department of Health and Human Services should they want to see if we are compliant with federal privacy law.

**Public Health and Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. This may be necessary when helping to prevent or control the spread of disease, helping with product recalls subject to Food and Drug Administration (FDA) oversight, reporting adverse reactions to medications or treatments, or reporting suspected abuse, neglect, or domestic violence.

**Research**: In certain circumstances, we may use or disclose your health information for research purposes only if the research has been approved by an institutional review board and protocols have been established to protect the privacy of your health information. An example of this would be if the research was being conducted in order to compare the health of patients receiving different treatments for the same condition. Houston Cardiovascular Associates will almost always ask for your specific permission if the researcher will have access to any of your personal information.

**Medical Examiners, Coroners, Funeral Directors, and Organ Donation:** We may use or disclose your health information to a medical examiner for identification purposes, to determine the cause of death or for any other purpose authorized by law. We may also disclose health information to a funeral director in order to carry out his or her duties. Houston Cardiovascular Associates may also use or disclose health information to assist in the arranging of organ or tissue donation and transplantation.

Workers' Compensation, Military and other Specialized Government Functions: We may disclose health information about you to assist in programs that provide benefits for work-related injuries or illness. If you are a member of the armed forces, we may disclose health information about you as directed by appropriate military authorities. Houston Cardiovascular Associates may also disclose health information to authorized federal officials for intelligence, counterintelligence, and other national security reasons authorized by law in order to provide protection to the President of the United States or other dignitaries.

**Inmates:** If you are an inmate at a correctional facility or under the custody of a law enforcement official, we may use or disclose your health information if such information is required for the health and safety of the individual, inmates, and law enforcement personnel.

**Health Oversight Activities**: We may use or disclose your health information to health oversight agencies for activities and research authorized by law. These may include audits, investigations, inspections and licensure of our facilities. These activities are necessary for the government and are used to monitor the health care system, government programs, and to ensure compliance with civil rights laws.

**Lawsuits and Disputes**: If you are involved in a lawsuit or dispute, we may use or disclose your health information in response to court or administrative orders.

**Business Associates**: We may use or disclose information to our business associates who provide services or perform functions on our behalf (billing, software) if the information is necessary for them to perform the service or function. All business associates of Houston Cardiovascular Associates are required by law to protect the privacy of your health information.

**Personal Representatives, Family and Friends**: We may disclose health information about you to an authorized representative, family member or friend involved in your medical care or the payment of your medical care. This includes any authorized agents who make healthcare decisions for you in the event you should become unable to make your own health care decisions. If you are not present or unable to agree or object to the use of disclosure because of incapacity or an emergency, Houston Cardiovascular Associates will, in the exercise of professional judgement, determine whether the use or disclosure of your health information is in your best interest and, if so, disclose only the health information that is directly relevant to the person's involvement with your care.

**Data Breach Notifications**: We may use or disclose your health information to provide legally required notices of unauthorized access to or the disclosure of your health information.

Houston Cardiovascular Associates will never share your information for marketing purposes or for the sale of your information.

## **YOUR RIGHTS**

You have the following rights regarding your health information:

Right to Request Restrictions on Use or Disclosure: You may request restrictions on the use or disclosure of your health information for treatment, payment or health care operations. The request must be submitted in writing to the Privacy Officer at Houston Cardiovascular Associates and must detail the information you want limited and to whom you want the limits to apply. Houston Cardiovascular Associates is not required to agree to your request, but if we do agree, we will comply with the request unless the information is needed to provide you emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction of your health information. If you pay out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Houston Cardiovascular Associates will honor the request unless we are required to share the information by law.

Right to Inspect and Copy: You have the right to inspect and request a paper or electronic copy of your health information that we may maintain in a designated record set, which includes medical and billing information. We will provide a copy or a summary of your health information in accordance with applicable federal and state requirements. If you ask that we send a copy of your medical record or other health information to someone other than you, we may ask you to complete a written authorization. In certain circumstances, we may charge a reasonable, cost-based fee for record requests only as allowed by law. You may revoke an authorization to use or disclose your health information except to the extent that action has already been taken in reliance on your authorization. To revoke your authorization please contact the Privacy officer at Houston Cardiovascular Associates.

**Right to Amend Your Information**: If you feel that the health information we have about you is inaccurate or incomplete you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Houston Cardiovascular Associates. To request an amendment, you must submit a written request along with a reason that supports your request to our Privacy Officer. In certain cases, we may deny your request if the request is not in writing, does not provide a sufficient reason, was not created by Houston Cardiovascular Associates, or if the information requested for amendment is already accurate and complete.

**Right to an Accounting of Disclosures**: You have the right to request an accounting of the disclosures of your health information made by Houston Cardiovascular Associates. We are not required to account for some disclosures, including those made for treatment, payment, or health care operations. Also, we are not required to provide you with accounting of disclosures that you authorized or those disclosures that we are permitted to make without your authorization. The request for the accounting of disclosure must be submitted in writing to the Privacy Officer at Houston Cardiovascular Associates.

**Right to Request Confidential Communications**: You have the right to request that we communicate your health information with you in a certain way or at a certain location. For example, you can request that we only contact you at work or by email. Please submit your request in writing to the Privacy Officer at Houston Cardiovascular Associates. We will accommodate all reasonable requests.

**Right to Receive a Copy of Notice**: You may request a paper copy of this notice at any time. All requests can be submitted to the reception desk and a copy will be promptly provided.

**Right to Complain**: If you believe your privacy rights have been violated, you have the right to file a complaint with the U.S. Department of Health and Human Services for Civil Rights. For any questions, comments, or complaints about how your health information is handled at Houston Cardiovascular Associates, please feel free to contact our Compliance and Privacy Officer:

Michael Shirley Compliance and Privacy Officer Houston Cardiovascular Associates 6400 Fannin St., STE 3000 Houston, TX 77030 713-790-0841

This Notice is effective as of January 2022