



## Advanced Heart and Vascular Medicine

Diagnostic and Interventional Cardiology  
1631 11th St, Suite A, Wichita Falls, TX 76301  
(Office) 940-263-3003 (Fax) 940-263-3009

### Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to the information.

Please Review It Carefully.

**Advanced Heart and Vascular Medicine** (hereafter referred to as AHVM) is required by federal law to maintain the privacy of your individually identifiable health information and to provide you with notice of our legal duties and privacy practices. We will not use, release, or disclose your health information except as specifically described in this Notice of Privacy Practices, unless specifically authorized by you in writing. In providing professional medical services to you, we will create, maintain, and store your protected health information. This Privacy Notice applies to protected health information included as a part of your medical records generated by AHVM.

#### **Examples of Disclosures for Treatment, Payment and Health Operations:**

The following categories describe the ways that we may use, release, and disclose your health information for treatment, payment, and health care operations without the need for an additional and specific signed authorization from you.

**Personal Information:** We store your personal information in our EMR computer system which is in compliance with HIPPA guidelines. We protect your information using physical, technical, and administrative security measures to reduce the risks of loss, misuse, unauthorized access, disclosure and alteration. Some of the safeguards we use are firewalls and data encryption, physical access controls to our data centers, and information access authorization controls.

**Treatment:** We will use your protected health information in the provision and coordination of your health care. For example, we may disclose all or any portion of your medical record information as part of your care and continued treatment to your attending physician, consulting physician(s), nurses, technicians, and other health care providers who have a legitimate need for such information.

**Family/Friends:** We may release protected health information about you to a friend or a family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends of your condition and that you are at AHVM.

**Payment:** AHVM may release protected health information about you for the purpose of determining coverage, billing, claims management, medical data processing, and reimbursement. For example, the information may be released to an insurance company, third party payer, or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record, which are necessary for the payment of your account.

**Routine Healthcare Operations:** AHVM may use and disclose your protected health information during routine healthcare operations. These operations may include quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities, management and administration of AHVM, and education purposes.

**Appointment Reminders:** AHVM may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment, medical care, or follow-up at AHVM and may leave a message for you at a number that AHVM has listed for you.

**Health Related Business, Services, and Treatment Alternatives:** AHVM may use and disclose your protected health information to tell you of health-related benefits or services provided by AHVM that may be of interest to you and your particular medical condition.

**Regulatory Agencies:** AHVM may disclose your medical information to a health oversight agency for activities authorized by law including, but not limited to, licensure, certification, audits, investigations, and inspections.

**Law Enforcement/Litigation:** AHVM may disclose your medical information to a law enforcement official for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**Public Health:** As required by law, AHVM may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Serious Threat to Health or Safety:** AHVM may use and disclose protected health information when necessary to reduce or prevent a serious threat to your health and safety of another individual or the public. Disclosures will only be made to a person or organization able to prevent the threat.

**Military/Veterans/National Security:** AHVM may disclose your medical information as required by military command authorities, if you are a member of the armed forces. In addition, AHVM may disclose your medical information to federal officials for intelligence and national security activities authorized by law.

**Required by Law:** AHVM will disclose medical information about you when required to do so by law.

**Coroners, Medical Examiners, and Funeral Directors:** AHVM may release your medical information to a coroner, medical examiner, or to funeral directors as necessary to carry out their duties.

**Business Associates:** AHVM may use and disclose certain medical information about you to business associates of AHVM. A business associate is an individual or entity under contract with AHVM to perform or assist AHVM in a function or activity, which requires the use or disclosure of medical information. The law also requires AHVM to obtain reasonable, written assurances from its business associates that they will also protect the confidentiality of your medical information.

**Research:** AHVM may use or disclose your medical information for research purposes in certain limited circumstances.

**Workers Compensation:** AHVM may be required under law to release medical information about you for worker's compensation or similar programs. Inmates: If you are an inmate of a correctional facility or under the custody of a law enforcement officer, AHVM may release your medical record information to the correctional facility or law enforcement official.

**Your Individual Rights:** You have the following rights concerning your medical information.

**Right to Confidential Communications:** You have the right to request that AHVM communicate with you about your health and related issues in a particular manner or at a certain location. AHVM will accommodate reasonable requests.

**Right to Inspect and Copy:** You have the right to inspect and copy your medical information, including patient medical records and billing information. Consistent with federal law, AHVM may deny access to certain medical information most notably, psychotherapy notes. A reasonable cost-based charge for copying, labor, mailing, and supplies may be assessed. If a summary of the medical records is requested, a fee may be assessed, as well. In certain limited circumstances, AHVM may deny your request to inspect and copy; however, you may request a review of your denial.

**Right to Amend:** You have the right to amend your medical record information if you believe it to be incorrect, inaccurate, or incomplete as long as the information is created by, kept, and maintained by or for our medical practice. You must request an amendment in writing and include the reasons supporting your request for amendment. AHVM, however, may not agree to honor your request for an amendment.

**Right to an Accounting:** You have the right to obtain a statement or an "accounting" of AHVM's use or disclosure of your protected health information. A request for an accounting must be made in writing.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your medical information. AHVM may not agree to honor your request for restrictions; 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.

**Right to Receive Copy of this Notice:** You have the right to receive a paper copy of this Notice, upon request.

**Right to Revoke Authorization:** You have the right to revoke any authorization allowing AHVM to use or disclose your medical information except to the extent that action have already been taken by AHVM in reliance upon that authorization.

Please note that to exercise any of the privacy rights described herein, you must complete a written request and send it to Privacy Officer at AHVM. AHVM will carefully review each patient request and respond within thirty (30) days.

If you have problem or would like to request more information, you may contact the Privacy Officer at Advanced Heart and Vascular Medicine at (940) 263-3003.

If you believe your privacy rights have been violated, you may file a complaint with AHVM or with the Office of Civil Rights.

To file a complaint with AHVM, please contact:

Advanced Heart and Vascular Medicine

Attn: Privacy Officer

1631 11<sup>th</sup> St, Suite A,

Wichita Falls, Tx 76310

**All complaints must be submitted in writing.**

**There will be NO retaliation for filing a complaint or expressing a concern.**

**Changes to this Notice:** AHVM will abide by the terms of the Notice currently in effect. AHVM reserves the right to change the terms of its Privacy Notice and to make the new Notice provisions effective for all individually identifiable health information that it maintains.

**Privacy Notice Effective Date:** The effective date of the Privacy Notice is August 1, 2020.