

UNDERSTANDING YOUR MEDICAL RECORD HEALTH INFORMATION

As your healthcare provider, we will maintain a record of your visit that contains your symptoms, reports of examinations and test results, diagnoses, treatments, correspondence with other providers and plans for future care or treatment

YOUR HEALTH INFORMATION RIGHTS

Your health record is the physical property of this practice. However, you have the following rights concerning your health information and we request that you notify the Privacy Officer of the Practice of your requests for any of these actions:

- a. **Request Restrictions:** You have a right to request restrictions on certain uses and disclosures of your information.
- b. **Obtain a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice.
- c. **Inspect and Copy:** In most cases, you have a right to inspect and receive a copy of your information. If we maintain an electronic record of your health information, you have a right to direct us to transmit the requested information in an electronic format to a clearly and conspicuously identified individual or entity. If you request a copy of your information, you will be charged a reasonable fee for photocopying, retrieval, labor, postage and supplies used.
- d. **Amend:** You have the right to request that we amend your health information.
- e. **Obtain an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of information that have been made about you. The first listing of disclosures is provided as a complimentary service to you, but you may be charged a reasonable fee for additional requests made within a twelve-month period.
- f. **Request Communications of your Health Information:** You have the right to request that you receive communications regarding

Deaths:

We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

Serious Threat to Health or Safety:

We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Governmental Functions:

If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information for national security purposes.

Other Disclosures:

All other uses and disclosures of your information will only be made with your written authorization. If you have authorized us to disclose information about you, you may revoke this authorization at any time.

The effective date of this notice is August 1, 2010.

CAROLINA HEART & VASCULAR CENTER

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www.carolinahvc.com

CAROLINA HEART & VASCULAR CENTER

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 CAREFULLY.

AIKEN CARDIOVASCULAR ASSOCIATES, P.C.
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- f. **Request Communications of your Health Information:** You have the right to request

that you receive communications regarding your information in a certain manner or at a certain location.

OUR RESPONSIBILITIES

Our Practice is required to:

- a. **Confidentiality:** Maintain the privacy of your health information.
- b. **Provide a copy of this privacy notice:** We will provide you with a copy of this notice of our legal duties and privacy practices with respect to the information we collect and maintain about you.
- c. **Abide by the terms of this notice.**

CHANGES IN PRIVACY PRACTICES

We reserve the right to change the terms of this notice and to make the new notice effective for all the protected health information we maintain. Before we make a significant change in our privacy practices, we will change and post our new notice. You may request a copy of our notice at any time.

FOR MORE INFORMATION

1. If you have any questions or would like additional information, you may ask to speak with our Privacy Officer.
2. If you have a concern about the privacy of your information, our office will respond to your concerns, but you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. The Privacy Officer will supply information about this procedure.
3. Staff of Aiken Cardiovascular Associates have all been trained in privacy issues, and have signed an agreement of confidentiality with the practice.

EXAMPLES OF DISCLOSURE OF INFORMATION

Treatment:

1. We will use your health information for treatment purposes. As an example, information given

to a nurse or physician will be recorded in your health record and used to determine treatment for you. Members of the healthcare team will document your treatment goals, actions taken and clinical observations.

2. We will provide your other healthcare providers with copies of various reports that will help them to treat you for any subsequent conditions that may arise.

Payment:

We will use or disclose your health information for payment purposes. A bill may be sent to you or a third-party payer. Payors may request copies of your health records or procedures performed in order to verify correct payment.

Healthcare Operations:

The physicians and members of your healthcare team may use the information to evaluate the care you received. This information will be used to improve the effectiveness of healthcare operations and services we provide.

Business Associates:

There are some services provided through contracts with business associates. As an example, we contract with a company that provides information services for the computer systems we operate. When these services are contracted, we may disclose your health information to this business associate so they can perform the work we require. To protect your health information, the business associate must sign an agreement with us to appropriately safeguard your information.

Special Uses:

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.