



## HIPAA 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.

This Notice of Privacy Practices (“Notice”) applies to all Protected Health Information (“PHI”) about you (the patient) held or transmitted by **US Heart & Vascular**. We are required by law to provide you with legal notice of our legal duties and privacy practices with respect to PHI.

PHI is any individually identifiable information about your past, present, or future physical or mental health condition or payment for healthcare or about the provision of care to you. PHI may include information about your condition or treatment, diagnostic tests and images, and related health information.

### **Your Rights**

When it comes to your PHI, you have the right to:

**Obtain an electronic or paper copy of your medical record.** You may ask to see or obtain an electronic or paper copy of your medical record, billing information, or other health information we use to make decisions about you, or direct us to send a copy of PHI stored in an electronic health record to another individual designated by you in writing. We will usually respond within 30 days of your request. We may charge a reasonable fee to cover the costs of furnishing the copy or summary.

**Request we make corrections to your medical record.** You may request to correct PHI you feel is incomplete or incorrect. We may deny your request, but we will provide you with a written explanation within 60 days of receiving it.

**Request confidential communications.** You may ask us to contact you in a particular way (for instance, by office or home phone) or to send mail to an alternative address. We will comply with all reasonable requests.

**Ask us to limit what we use or disclose.** You may request that we not use or disclose parts of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request unless your request meets the following conditions:

- The disclosure in question is for the purpose of payment or healthcare operations (not treatment)

- The PHI is related only to services for which you have paid, in full, out-of-pocket.
- We are not required by law to make the disclosure.

**Obtain an accounting of disclosures of your PHI.** You can request a list (accounting) of the times we have disclosed your PHI for the six years preceding the date of your request. We will include all disclosures except those related to treatment, payment, and healthcare operations, as well as certain other disclosures (such as any you have requested us to make). We will provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another one within twelve months.

**Obtain a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you agreed to receive the Notice electronically.

**File a complaint if you feel your rights have been violated.** You can file a complaint with our Compliance Officer if you think we have violated your rights. We will not retaliate against you for filing a complaint. To do so, you may contact us using the information below:

**USHV Compliance and Privacy Officer  
Compliance@usheartandvascular.com  
341 Cool Springs Blvd, Suite 305, Franklin, TN 37067**

You also have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**Select someone else to act for you.** If you have granted someone medical power of attorney or if someone is your legal guardian, that individual may exercise your rights listed above and make decisions about your PHI.

### **Uses and Disclosures**

We may use and disclose your PHI without obtaining your authorization as described below. Not every use or disclosure in a category will be listed. Your PHI may be stored in paper, electronic, or other forms and may be disclosed electronically and by other methods.

**For Treatment.** We may use and disclose your PHI with other professionals and providers to treat you. For example, we may disclose your PHI to another physician involved in your care.

**For Healthcare Operations.** We may use and disclose your PHI in connection with healthcare operations. Healthcare operations include quality assessment and improvement activities, arranging for legal services, conducting training programs, reviewing the competence and qualifications of healthcare professionals, and licensing activities. We may also use your PHI to notify you about our health-related products and services, to recommend possible treatment options or alternatives that may be of interest to you, to send you patient satisfaction surveys, and to remind you of upcoming appointments.

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**For Payment.** We may use and disclose your PHI to obtain payment for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, and claims management. These activities also include determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we disclose your PHI to your health insurance plan so it will pay for services provided to you.

**For public health.** We may use and disclose your PHI for public health activities, such as preventing or controlling the spread of disease, injury, or disability. For example, we can disclose PHI about you for specific situations, such as reporting adverse reactions to medications to the FDA; preventing the spread of disease; helping with product recalls; reporting suspected abuse, domestic violence or neglect; or preventing or reducing a serious threat to the health or safety of an individual or the public.

**For research.** We may use or disclose your PHI for research in limited circumstances.

**To comply with the law.** We will share your PHI if required by state or federal law, including with the U.S. Department of Health and Human Services, if it requests verification that we are complying with federal privacy laws.

**To report abuse, neglect or domestic violence.** If we reasonably believe that you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a government authority, including a social service protective agency, authorized by law to receive reports of abuse, neglect, or domestic violence.

**For health oversight activities.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure actions.

**For organ and tissue donation.** We may disclose PHI about you to organ procurement organizations, which are entities involved in procuring, banking and transplanting organs, eyes, and tissues.

**To a medical examiner, coroner, or funeral director.** We may disclose PHI with a coroner, medical examiner, or funeral director when an individual dies.

**To law enforcement.** We may disclose your PHI for law enforcement purposes, as permitted by HIPAA, including in response to a subpoena or court order.

**For lawsuits and legal actions.** We may disclose PHI about you in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process instituted by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**To our business associates.** We may disclose your PHI to one of our service providers, known as “business associates,” for them to provide services to us or on our behalf. Our business associates

are required by written agreement to safeguard your PHI and otherwise protect your privacy as required by law.

**Incidental.** We may make incidental disclosures of limited PHI, such as mailing statements to you with your name on the envelope or calling your name in the waiting room to summon you back to an examination room.

**To individuals involved in your care or payment for your care.** We may disclose your PHI to your family or friends, or any other individual identified by you, when they are involved in your care or in the payment for your care. For example, when a family member or friend accompanies you into an exam room, we understand this to be your acknowledgment that you want this individual to be involved in your care.

**To communicate with you.** We may use your PHI to communicate with you in person, by phone, via voicemail, email, or text message. Unencrypted emails and text messages can be intercepted. We will only send secure emails or text messages to you unless you have agreed to receive unencrypted messages. Permissible communications also include payment and insurance-related items, care correspondence, patient satisfaction surveys, and patient statements about your health care. We may record your phone calls to monitor the quality of the service we provide over the phone.

**To a Health Information Exchange.** We may participate in one or more Health Information Exchanges (HIEs). We may electronically share your PHI for treatment, payment, healthcare operations, and other permitted purposes with other participants in the HIE. HIEs allow your healthcare providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.

**For specialized government functions.** To the extent applicable, we may disclose your PHI for specialized government functions, including military and veterans' activities, national security and intelligence activities, and activities related to correctional institutions.

**For workers' compensation purposes.** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**When data is limited or de-identified.** We may remove most information that identifies you from a set of data and use and disclose this data set for research, public health, and healthcare operations, provided the recipients of the data set agree to keep it confidential. We may also de-identify your PHI and use and disclose the de-identified information for purposes permitted by law.

**To fundraise.** We may contact you about fundraising efforts, but we will comply with any request to opt out of future fundraising communications.

## **Use and Disclosure Pursuant to an Authorization**

In any situation not addressed in this Notice, we will obtain your authorization before using or disclosing information about you, in accordance with applicable law. For example, your authorization is required to use or disclose PHI for marketing purposes, to sell PHI, or for most uses and disclosures of psychotherapy notes. You may revoke your authorization at any time, in writing, except to the extent that we have acted in reliance on the authorization.

## **Reproductive Health Information**

Effective June 25, 2024, federal law provides additional protections for your reproductive health information. These protections apply to information related to services such as contraception, fertility treatments, pregnancy care, miscarriage management, and other reproductive system conditions.

We are prohibited from using or disclosing your protected health information (PHI) for:

- Investigating or imposing liability on individuals, health care providers, or others for seeking, obtaining, providing, or facilitating lawful reproductive health care.
- Identifying individuals for such investigations or proceedings.

We may still use or disclose your reproductive health information:

- With your written authorization.
- For treatment, payment, or health care operations, as permitted by HIPAA.
- When required by law, but only if we have factual evidence that the reproductive health care in question was unlawful in the state where it was provided.

We will not assume that reproductive health care was unlawful unless we have actual knowledge or reliable evidence to the contrary.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We may change the terms of this Notice, provided such changes are permitted by applicable law. Changes to this Notice will apply to all PHI we have about you. The new notice will be available upon request in our office and on our website.

## **Your Questions**

If you have questions about this Notice or how we use or disclose PHI, please contact our Compliance and Privacy Officer as described above.