



## 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.**

If you have questions about this Notice please contact **Becky Neel**, Privacy Officer at **(573) 256-7700**.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. 'Protected health information' is information about you, including demographic information, that may identify you and relates to your past, present, or future physical or mental health or condition or any health care services provided to you.

We are required to maintain the privacy of your medical information. We are also required to follow the terms of this Notice of Privacy Practices. We may change the terms of this notice at any time. Any changes will be effective for any information we have about you at that time or may obtain in the future. The most current copy of the Notice will be provided to you at your next appointment following its implementation. The Notice of Privacy practices will also be available at our website, [www.moheartcenter.com](http://www.moheartcenter.com), or by calling **(573) 256-7700** and requesting one be sent to you by mail. The most recent version of the notice will also be posted throughout this medical office.

### **Uses and Disclosures of Your Medical Information**

The Missouri Heart Center uses your medical information to provide you with medical treatment and services, to receive payment for those services, and in daily health care operations.

### **Treatment**

We will use and disclose your medical information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already received your permission to have access to your medical information. For example, to a home health agency that is providing care to you. We will also disclose medical information to other physicians that may be treating you. For example, your medical information may be provided to a physician to whom you

have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information to another physician or health care provider (e.g., a laboratory, specialist or other health care provider) who, at the request of your physician, becomes involved in your care by providing assistance with your medical diagnosis or treatment to your physician.

### **Payment**

Your medical information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits or reviewing services provided to you for medical necessity. An example of this would be obtaining approval for a hospital stay from your health plan that might require your health information be disclosed to the health plan in order to obtain approval.

### **Healthcare Operations**

We may use or disclose, as needed, your medical information in order to support the business activities (everyday operations), of the Missouri Heart Center. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging other business activities that function on our behalf.

For example, we may use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may call you by name in the waiting room when your physician is ready to see you. We may use your information to contact you to remind you of your appointment.

We will share medical information with third party 'business associates' that perform various activities on our behalf (e.g., a billing company). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of that information.

We may use or disclose your medical information to provide you with information about treatment alternatives or other health-related benefits and services that may be available and of interest to you. We may also use and disclose your medical information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. You may contact our Privacy Officer at 573-256-7700 to request that these materials not be sent to you.

### **Other Permitted Uses and Disclosures That May Be Made With Your Authorization or Opportunity To Object**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, in writing, at any time, except to the extent your physician has taken some action in reliance on that information.

We may use and disclose your medical information in the following instances. You will have the opportunity to agree or object to the use or disclosure. If you are not present or able to agree or object, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. Only the medical information that is relevant to your health care will be disclosed.

#### **Others Involved in Your Healthcare**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

#### **Uses and Disclosures, Either Permitted or Required, That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

**Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such disclosures.

**Public Health Activities:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling diseases, injury and disability. We may also disclose your medical information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority. These activities include but are not limited to: reporting of positive TB results to public health activities.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**To Government Entities Regarding Abuse and Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your protected health information if we believe you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefits programs, other government regulatory programs and civil rights laws.

**Judicial and Administrative Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and as required by law, (2) for purposes of identifying or locating a missing person, fugitive, suspect or material witness, (3) information pertaining to a victim of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Coroners, Medical Examiners, and Organ, Eye or Tissue Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such

information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Specialized Government Functions:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your protected health information may be disclosed by us as to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information:** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. This request must be in writing. A 'designated record set' contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is

subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this reviewed. Please contact our Privacy Officer if you have questions about access to your medical record or to request forms to make a request for access.

**You have the right to request a restriction of your protected health information:** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind please discuss any restriction you wish to request with your physician. You may request a restriction by requesting a form from the Privacy Officer.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to have your Physician amend your Protected health information.** This means you may request an amendment (change) of protected health information about you in a designated record set (your medical record) for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record and to receive forms to request an amendment of your record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You must specify the time frame for which you want an accounting of disclosures. The right to receive

this information is subject to certain exceptions, restrictions and limitations. Please contact the privacy officer for the procedure to receive an accounting of disclosures.

**You have the right to obtain a paper copy of this notice from us**, upon request, even if you have agreed to accept this notice electronically.

#### **Your Rights Regarding Electronic Health Information Exchange**

Health-care providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment and healthcare operations. Our healthcare providers are linked by an electronic medical record. When you go to an outside provider, we may be able to share and/or access your records through an electronic Health Information Exchange (HIE). Before there was an HIE, providers and health plans exchanged this information directly by hand delivery, mail, facsimile or email. This process was time consuming, expensive and not secure.

The electronic HIE changes this process. Technology allows a provider or health plan to submit a single request through an HIE to obtain electronic records for a specific patient from other HIE participants. The provider must have sufficient personal information about you to prove they have a treatment relationship with you before the HIE will allow access to your information.

**To allow authorized individuals to access your electronic health information you do not have to do anything. By reading this notice and not opting out, your information will be available through the HIE.**

**Opting Out:** If you do not wish to share information with providers through an HIE, you must opt out. Please understand your decision to restrict information through an HIE will limit your healthcare providers' ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision. Your decision to restrict access to your electronic health information through the HIE does not impact other disclosures of your health information. Providers and health plans may continue to share your information directly through other means (such as by facsimile or secure email) without your specific written authorization. Opting out of the HIE will not prevent our providers from seeing your complete medical records.

You can obtain our HIE Opt-Out form while visiting one of our offices or you can download it from our website @ [www.moheartcenter.com](http://www.moheartcenter.com). Follow the directions on the form to complete and return this form to Missouri Heart Center.

#### **Complaints**

If you believe that your privacy rights have been violated, you may contact us at (573) 256-7700, 1605 E. Broadway, Ste 300, Columbia, MO 65201 or the Department of Health and Human Services, 200 Independence Avenue, Washington, DC 20201. You are protected from retaliation for any and all complaints you make.

You may contact our Privacy Officer at (573) 256-7700 for further information about your privacy rights or filing a complaint.

#### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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- You may refuse to sign this acknowledgement

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of the Missouri Heart Center. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information.

**We encourage you to read it in full.**

Our Notice of Privacy Practices is subject to change. If we change our Notice, you may obtain a copy of the revised Notice through our web site at [www.moheartcenter.com](http://www.moheartcenter.com) or by calling (573) 256-7700.

If you have any questions about the Notice of Privacy Practices, please contact our Privacy Officer, Becky Neel at (573) 256-7700.

I acknowledge receipt of the Notice of Privacy Practices of the Missouri Heart Center.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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#### FOR OFFICE USE ONLY

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) \_\_\_\_\_

This notice was published and becomes effective on April 14, 2003.

Updated October 30, 2018