

# HIPAA Notice of Privacy Practices and Policies \*

## Shore Cardiology Consultants, LLC

### Notice of Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how your medical information about you, including mental health records, may be used and disclosed and how you can obtain access to this information. PLEASE REVIEW IT CAREFULLY.

\* HIPAA, Health Insurance Portability and Accountability Act. Effective Date: April 14, 2003

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#### Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your clinician may *use or disclose* your **Protected Health Information (PHI)** for *treatment, payment, and health care operations* purposes. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
  - *Treatment* refers to providing, coordinating or managing your health care and other services related to your health care. An example of treatment would be when your clinician consults with another health care provider.
  - *Payment* is obtaining reimbursement for your healthcare. Examples of payment are when your clinician discloses your PHI to your health insurer or another third party to obtain reimbursement for your health care or to determine eligibility or coverage. If it becomes necessary to use collection processes due to lack of payment for services, the minimum amount of PHI necessary for purposes of collection will be disclosed.
  - *Health Care Operations* are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within this office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.

#### Uses and Disclosures Requiring Authorization

Your clinician may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent. The authorization permits only specific disclosures. In those instances when asked for information for purposes outside of treatment, payment and health

care operations, an authorization from you will be obtained before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your clinician has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

#### Uses and Disclosures with Neither Consent nor Authorization

Your PHI may be used or disclosed without your consent or authorization in the following circumstances:

- **Child Abuse:** If your clinician has reason to suspect that a child is abused or neglected, he or she is required by law to report the matter immediately to the Virginia Department of Social Services.
- **Adult Abuse:** If your clinician has reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, there is a requirement by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Health Oversight:** Mental Health licensing Boards have the power, when necessary, to subpoena relevant records should your clinician be the focus of an inquiry.
- **Compliance Investigations:** Under the law, your clinician must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under Virginia state law, and your clinician will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice