



Capital Cardiology Associates

CARING FROM THE HEART | A BENCHMARK CARDIOLOGY PRACTICE

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.

Capital Cardiology Associates (CCA) is required by law to maintain the privacy of your protected health information (PHI). This information consists of all records related to your health, including demographic information, either created by CCA or received by CCA from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. CCA will abide by the terms of this Notice or the Notice currently in effect at the time of the use or disclosure of your PHI. Capital Cardiology Associates reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information Not Requiring Your Consent

Capital Cardiology Associates, may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. *There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV or other test results.*

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes; or home healthcare agencies;
- Using a third party translation service in order to provide treatment;
- Calling you by your full name in the waiting room when your physician is ready to see you;
- Sending recorded reminders for appointments via text or telephone message or by mail. We may leave a message with someone who answers the phone regarding your appointment, however, only the appointment date, time, location, and with whom, will be disclosed.
- Should you be an inmate of a correctional institution, CCA may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

For example, CCA may determine that you require the services of a specialist. In referring you to another provider, CCA may transfer your healthcare information to that provider. CCA may disclose to a healthcare aide, specific instructions for the patient to follow prior to a procedure.

Payment activities may include:

- Activities undertaken by CCA to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services provided and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Using a translation service to provide patient statement information;
- Obtaining pre-authorization and pre-certification of services provided to you.

For example, CCA will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

NOTICE OF PRIVACY PRACTICES (CONT.)

Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting employee review activities, or training of students;
- Conducting quality assessment and improvement activities;
- Conducting outcome evaluations and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions;

For example, CCA may use your diagnosis, treatment, and outcome information to measure the quality of the services we provide, or assess the effectiveness of your treatment when compared to patients in similar situations. We may disclose your PHI to students in clinical rotations studying for healthcare fields such as medical, nursing, pharmacy, medical assistants, sonography, etc.

There are additional situations when Capital Cardiology Associates is permitted or required to use or disclose your PHI *without* your consent or authorization.

- **As required or permitted by law.** In certain circumstances we may be required to report individual information to legal authorities, such as law enforcement officials, court officials or government agencies.
- **For public health activities.** We may have to report abuse, neglect, domestic violence, or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement for the purpose of reporting a crime on our premises. We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authorities authorized by law, upon receipt of written request from that agency. *We are required to report HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure. We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tested positive for HIV.* We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, *but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect.* We may release healthcare records *including treatment records and HIV test results* to the Food and Drug Administration when required by federal law, including in relation to adverse events with respect to food, supplements, products and product defects, medications, or post-marketing surveillance information to enable product recalls, repairs, or replacement. We may disclose healthcare records *except for HIV test results* for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.
- **For health oversight activities.** We may disclose healthcare records *including treatment records* in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. *HIV test results may not be released to federal or state governmental agencies without written permission except to the state epidemiologist for surveillance investigation or to control communicable diseases.*
- **Judicial and Administrative Proceedings.** Patient healthcare records, *including treatment records and HIV test results*, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records *except for HIV test results.*
- **For activities related to death.** We may disclose patient healthcare records, *except for treatment records*, to a coroner, medical examiner, or funeral director, for the purpose of completing a medical certificate or investigating a death. *HIV test results may be disclosed under certain circumstances.*
- **For research.** Under certain circumstances, and only after a special review approval process, we may use and disclose your health information to help conduct research.
- **To avoid a serious threat to health or safety.** We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, *including treatment records and HIV test results*, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.
- **For workers' compensation.** We may disclose your health information to the extent such records are reasonably related to any injury for which workers' compensation is claimed.

NOTICE OF PRIVACY PRACTICES (CONT.)

- **For specialized government functions.** We may use or disclose your information for specialized government functions, including as directed by appropriate military authorities if you are a member of the armed forces. We may disclose your information to authorized federal officials for national security and intelligence activities.

Uses and Disclosures of Your Protected Health Information Where You Have a Choice

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know. You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Capital Cardiology Associates will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that CCA has taken action before revocation has occurred. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

You have the right to submit a written request that restrictions be placed on certain uses or disclosures of your PHI by CCA to carry out treatment, payment, or healthcare operations.. We are not required to agree to your request except if you request to restrict disclosure of your PHI to a health plan, if (i) the disclosure is for payment or other health care operations purposes and is not otherwise required by law and (ii) the information pertains solely to a health care item or service for which you, or another person on your behalf, paid us in full. If we do agree to a restriction, we must adhere to the restriction except when your PHI is needed in an emergency treatment situation. In this event, information may be disclosed only to the healthcare providers treating you. Also, a restriction would not apply where we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. CCA may deny access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that CCA send PHI, including billing information, to you by alternative means or to alternative locations. You may request, in writing, that CCA not send information to a particular address, location, or to contact you only at a specific location, such as your place of employment.

You have the right to request that CCA amend certain portions of your healthcare records, as long as such information is maintained by us. This request must be made in writing, and under certain circumstances may be denied. We will accommodate reasonable requests.

You have the right to request an accounting of disclosures of PHI made by CCA for the six years prior to the date of the request.

You will be notified as soon as we become aware of any breach involving your PHI.

You may complain to us or to the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with the Department at www.hhs.gov/ocr/privacy/hipaa/complaints/ or at Office for Civil Rights, Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, (877) 696-6775. You may file a complaint with us by notifying our Director of Operations, Capital Cardiology Associates, 7 Southwoods Blvd, 3rd Fl, Albany, NY 12211, (518) 292-6000. We will not retaliate against you for filing a complaint.

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