

**Notice of Privacy Practices for Health Information
Health Insurance Portability and Accountability Act of 1996
(HIPAA)**

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.

Who will follow the practices outlined in this notice?

East Valley Cardiology provides health care to patients in partnership with hospitals, health care providers, and other professionals and organizations in an organized health care arrangement (hereinafter referred to as **we, our** or **us**). This is a joint notice of our information privacy practices. The policies in this notice will be followed by:

- any health care professional who participates in an organized health care arrangement with us to assist in providing treatment to you. These professionals may include, but are not limited to, physicians, allied health professionals, and other licensed health care professionals;
- all departments and units of our organization, including skilled nursing, home health, clinics, outpatient services, mobile units, hospice, and emergency department; and
- Our employees, staff and volunteers, including regional support offices and affiliates.

What is “Protected Health Information” or “PHI”?

Protected health information is information that identifies who you are and relates to, your past present, or future physical or mental condition, the provision of health care to you, or past, present, or future payment for the provision of health care to you. Protected Health Information does not include information about you that is

publicly available, or that is in a summary form that does not identify who you are.

Purpose of this Notice

In the course of doing business, we gather and maintain PHI about our members. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This Notice describes our privacy practices and how we protect the confidentiality of your PHI. We are obligated to explain to you by this Notice about our legal obligations to maintain the privacy of your PHI. We must follow our Notice that is currently in effect.

How we protect your PHI

We restrict access to your PHI to those employees who need access in order to provide services to our members. We have established and maintained appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure. We have established a training program that our employees must complete. We have also established a Privacy Officer, which has overall responsibility for developing, training, and overseeing the implementation and enforcement of policies and procedures to safeguard your PHI against inappropriate access, use, and disclosure.

Types of Use and Disclosure of PHI We Make Without Your Authorization

Treatment, Payment, Health Care Operations

Federal and state law allows us to use and disclose your PHI in order to provide health care services to you, as well as bill and collect payments for the health care services provided to you by our participating physicians. For example, we may use your PHI

for authorization of referrals to specialists and to review the quality of care provided by your participating physician. We may disclose your PHI to health plans and other responsible parties to receive payment for the services provided to you by our participating physicians.

In order to better coordinate the care we provide to you, we may share medical information about you with other entities that participate with us in "organized health care arrangements" (OHCAs) for any of these OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, accountable care organizations (ACOs), provider networks, and other entities which collectively provide or coordinate health care services. A listing of the OHCAs we participate in is available from our office.

One OHCA that we participate in is known as the Arizona Care Network (ACN) and is also referred to as an Accountable Care Organization (ACO). An ACO is a group of doctors and other health care providers working together to give you more coordinated service and care. Our practice shares certain medical and health care-related data and information with ACN that is contained in our billing and claims records, and your medical record. Like your medical insurance company and our practice, ACN has important safeguards in place to make sure all your health information is safe.

We will share certain information with ACN about the quality of the care you receive to assist us in coordinating and improving the quality of your care and the care we provide to all of our patients. If you have any concerns about us sharing certain information with ACN about the quality of care you receive from our practice, please discuss those concerns with your provider.

We may also use or disclose your PHI, for example, to recommend to you treatment alternatives, to inform you about health-related benefits and services that we offer, or to contract you to remind you of your appointments. We conduct these activities to provide health care to you and not as marketing.

Federal and state law also allows us to use and disclose your PHI as necessary in connection with our health care operations. We may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. We may use your PHI to perform certain business functions to our business associates, who must also agree to safeguard your PHI as required by law.

We are also allowed by law to use and disclose your PHI without your authorization for the following purposes:

1. When required by law, in some circumstances, we are required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons
2. For public health activities, such as reports about communicable diseases, defective medical devices to the FDA or work-related health issues
3. Reports about child and other types of abuse or neglect, or domestic violence
4. For health oversight activities, such as reports to governmental agencies that are responsible for licensing physicians or other health care providers
5. For lawsuits and other legal disputes, in connection with court proceedings or proceedings before administrative agencies, or to defend us or our participating providers in a legal dispute
6. For law enforcement purposes, such as responding to a warrant, or reporting a crime

7. Reports to coroners, medical examiners, or funeral directors, to assist them in performance of their legal duties
8. For tissue or organ donation- to organ procurement or transplant organizations to assist them
9. For medical research with approval of an institutional review board (IRB) or privacy board that oversees studies on human subjects. Researchers are also required to safeguard your PHI
10. To avert a serious threat to the health or safety of you or other members of the public
11. For national security and intelligence/military activities, such as protection of the President or foreign dignitaries
12. In connection with services provided under workers' compensation laws

We may disclose your PHI, without your written authorization, to your family members or other persons involved in your care or payment of that care.

You, as a parent, can generally control your minor child's PHI. In some cases, however, we are permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission.

There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

Authorizations

All other uses and disclosures of your PHI must be made with your written authorization.

If you need an authorization form, we will send you one for you and your personal representative to complete. When you receive this form, please fill it out and send it to the entity you are requesting the PHI.

You may revoke or modify your authorization at any time by writing to your Primary Care Physician. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

Your Rights Regarding Your PHI

Access to your PHI

You have the right to review and copy your PHI that we maintain. If you wish to access your PHI, please request this from your Primary Care Physician. Your PCP will contact you to tell you where and when you can review your PHI within their possession. You may request a copy of the information we have, but the physician may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law.

Right to Amend Your PHI

You have the right to request amendments to your PHI. The amendment shall be limited to 250 words per alleged incomplete or incorrect item in the member's medical record. Your addendum will be attached to the record(s) of your PHI. This addendum will be included whenever the PHI is disclosed.

Right to Receive an Accounting of Disclosures of Your PHI

You have the right to request an accounting of certain disclosures that we make of your PHI. You can request an accounting from your Primary Care Provider. Please note that certain disclosures, such as those made for treatment, payment, and health care operations; need not be included in the accounting we provide to you. We will respond to your request within a reasonable period of time, but no later than 60 days after your written request is received.

Right to Receive a Copy of This Notice

You have the right to request and receive a paper copy of this notice. You may contact the practice for a copy, and one will be provided to you at no charge.

Right to Request Restrictions

You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment, and health care operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

Right to Confidential Communications

You have the right to request that we provide your PHI to you in a confidential manner. You can request that we send your PHI by an alternate means or to an alternate address. We will accommodate any reasonable request, unless they are administratively too burdensome, or prohibited by law.

Right to Complain

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint; please direct your inquiries to:

East Valley Cardiology
Attn: Privacy Officer
595 North Dobson Road, Ste C48
Chandler, AZ 85224

You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Right Reserved by East Valley Cardiology

We will use and disclose your PHI to the fullest extent authorized by law. We reserve the right as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to your entire PHI we maintain, regardless of when it was received or created. IF we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before revise our Notice.

Effective Date

The effective date of this Notice is October 1, 2012.