

## **CARDIOSTAFF CORPORATION NOTICE OF PRIVACY PRACTICES**

“The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires a healthcare provider to provide patients with a Notice of Privacy Practices that (1) explains the purposes for which the provider may use and disclose the patient’s Protected Health Information (PHI) without the patient’s authorization, (2) informs the patient of their privacy rights, and (3) explains the provider’s legal duties under federal privacy laws and regulations.”

**This Notice of Privacy Practices describes how Cardiostaff Corporation, its medical staff members and employees may use and disclose your protected health information for purposes of treatment, payment and healthcare operations, and for other purposes that are permitted or required by law.**

### **I. CARDIOSTAFF CORPORATION’S RESPONSIBILITIES**

Cardiostaff Corporation provides healthcare to patients jointly with physicians and other healthcare professionals and organizations. We are required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices.

Cardiostaff will abide by the terms of this Notice of Privacy Practices.

Cardiostaff reserves the right to change this Notice of Privacy Practices and make any new Notice of Privacy Practices effective for all protected health information that we maintain.

### **II. WHAT HEALTH INFORMATION IS PROTECTED**

Protected health information (“PHI”) is demographic and individually identifiable health information that will or may identify the patient and relates to the patient’s past, present or future health condition and related healthcare services.

### **III. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

Cardiostaff will generally obtain your written authorization before using your health information. You may initiate the transfer of your records to another person by completing a written authorization form. If you provide Cardiostaff with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. There are some situations when we do not need your written authorization before using your health information or sharing it with others. These exceptions are:

**Treatment:** Cardiostaff may use and disclose PHI about you to provide, coordinate or manage your healthcare and related services. Cardiostaff may consult with other healthcare providers regarding your treatment and coordinate and manage your healthcare with others.

Cardiostaff may disclose PHI in case of emergency or in the event of a serious threat to health or safety.

PHI may be disclosed when communication or language barriers are present.

**Payment:** We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. We may use and disclose PHI to your health plan concerning the services you are scheduled to receive for payment approval. PHI may also be disclosed to another health care provider, to another company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company or health plan.

**Operations:** Cardiostaff may use and disclose PHI in performing business activities which are called Health Care Operations. Health care operations include:  
Reviewing and improving the quality, efficiency and cost of care that we provide to our patients.

Reviewing and evaluating the skills, qualifications and performance of health care providers taking care of you and our other patients.  
Business planning and development.  
Creating “de-identified” information that is not identifiable to any individual.

## **OTHER USES AND DISCLOSURES CARDIOSTAFF CAN MAKE WITHOUT YOUR WRITTEN CONSENT.**

Cardiostaff may use and disclose PHI in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply:

### **When Required by Law**

#### **Public Health Activities**

#### **Abuse, Neglect or Domestic Violence**

#### **Health Oversight Activities**

#### **Lawsuits and Other Legal Proceedings**

#### **Law Enforcement**

#### **Coroners, Medical Examiners, Funeral Directors and for organ donation**

#### **Organ and Tissue Donation**

#### **Research**

#### **In Case of Emergency or in case of serious threat to health or safety**

#### **Specialized Government Functions**

#### **Disclosures Required by HIPAA Privacy Rule**

## **IV. YOUR PRIVACY RIGHTS**

The 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 generally have the right to inspect and copy your health information.

You have the right to request further restrictions on the way we use your health information.

You have the right to request to receive confidential communications by alternative means or alternative locations.

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information.

You have the right to request amendments to your health information if you believe it is inaccurate or incomplete.

You have the right to receive an accounting of disclosures of your health information.

You have the right to receive a copy of this Notice of Privacy Practices at any time.

## **V. QUESTIONS**

If you have questions regarding your privacy rights, please contact the Cardiostaff Privacy Officer at 800-595-2898, via email at [privacy@cardiostaff.com](mailto:privacy@cardiostaff.com). You may also contact the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. The address for the Secretary of the Department of Health and Human Services is:

Office for Civil Rights

U.S. Department of Health & Human Services

1301 Young Street - Suite 1169

Dallas, TX 75202

(214) 767-4056; (214) 767-8940 (TDD)

(214) 767-0432 FAX

This notice was published and became effective 01/01/2005.