



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. YOU WILL BE ASKED TO PROVIDE WRITTEN ACKNOWLEDGEMENT OF THIS NOTICE AT THE TIME OF YOUR ENCOUNTER.

South Heart Clinic is required by law to maintain the privacy of your health information, to provide you with a notice of its legal duties and privacy practices, and to follow the information practices that are described in this notice. This notice applies to all of the health information and health records generated by the healthcare professionals, employees, contract staff, students and volunteers at South Heart Clinic. This notice explains how your health information may be used and/or disclosed and also describes the rights you have concerning your own medical information. Your health information will not be used or disclosed except as indicated in this notice. You have a right to request and receive a paper copy of this notice. Please review it carefully and let us know if you have questions.

Medical Information:

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information is often referred to as your health or medical record. We understand that medical information about you and health is personal and we are committed to protecting medical information about you.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

Treatment:

We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your hospital medical record to assist in your treatment at the Hospital and for follow-up care. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

Patient Directory:

In order to assist family members and other visitors in locating you while you are in the hospital. The hospital maintains a patient directory. This directory includes your name, room number and your general condition (such as fair, stable, or critical). We will disclose this information to someone who asks for you by name. If you do not want to be included in the hospital's patient directory, please notify admitting at time of admission.

Text Messages:

We may use text messages to communicate appointment confirmations or reminders, appointment related instructions, the availability of lab results, and patient satisfaction surveys. You are under no obligation to authorize South Heart Clinic to send you text messages. You may opt out of receiving these communications at any time by submitting a Consent to Communication form, responding to an opt-out text message, or contacting the office. Family members and others involved in your care: We may disclose your medical information to immediate family members or another person with whom you have a close personal relationship. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want South Heart Clinic to disclose your medical information to family members or others as outlined here, please notify our receptionists or your caregivers.

Payment:

We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment. We may provide this information to them according to the term set in your prior authorization.

Healthcare Operations:

We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the clinic. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. This helps evaluate the performance of our staff in caring for you.

Research:

We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required By Law:

Federal, state, or local laws sometimes require us to disclose patient medical information. For instance, we are required to report the abuse or neglect of children or vulnerable adults. We also are required to give information to the State Workers Compensation Program for work-related injuries.

Public Health:

We also may report certain medical information for public health purposes. For instance, we report communicable diseases to the State. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Public safety:

We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose your medical information to law enforcement officials and others to prevent an imminent threat to health or safety.

Health Oversight Activities:

We may disclose medical information to a government agency that oversees South Heart Clinic or its personnel, such as the Department of Health, the federal agencies that oversee Medicare, the Medical Quality Assurance Commission, or the Nursing Quality Assurance Commission. These agencies need medical information to monitor the Hospital's compliance with state and federal laws. Coroners, medical examiners and funeral directors: We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donation:

If you are an organ donor, we may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

Judicial Proceedings:

South Heart Clinic may disclose medical information if the clinic is ordered to do so by a court or if the clinic receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information. Information with additional protection: Certain types of medical information have additional protection under state and federal law. For instance, medical information about HIV and sexually transmitted diseases, mental health, and alcohol and drug abuse treatment receive special protection. For those types of information, the Hospital is required to get your permission before disclosing that information to others in many circumstances.