



## CAPITAL HEART ASSOCIATES, P.A.

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INVASIVE, INTERVENTIONAL, NON-INVASIVE CARDIOLOGY AND PERIPHERAL VASCULAR DISEASE

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### Compliance Program Notice of Health Information Privacy Practices

*Individuals have a right to notice of the uses and disclosures of their protected health information that may be made by Capital Heart and of the individual's rights and Capital Heart's legal duties with respect to protected health information. At Capital heart, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how we use or disclose that information. This notice is effective April 2003 and applies to all protected health information as defined by federal regulations.*

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.

#### **Understanding Your Health Record/Information**

Each time you visit Capital Heart, 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, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payor can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

#### **Your Health Information Rights**

Although your health record is the physical property of Capital Heart Associates, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in [45 CFR §164.524]
- Amend your health records as provided in [45 CFR §164.526]
- Request an accounting of disclosure of your health information as provided in [45 CFR §164.528]

- Obtain an accounting of disclosures of your health information as provided in [45 CFR § 164.528]
- Request communications of your health information by alternative means or at alternative locations [45 CFR §164.522]
- Request a restriction on certain uses and disclosures of your information as provided by [45 CFR §164.522]
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken [45 CFR §164.524]

## **Our Responsibilities**

Capital Heart Associates is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provision effective for all protected health information we maintain. Should our information practices change, you may obtain a copy of the revised notice by accessing our website at [www.capitalheart.com](http://www.capitalheart.com) or contacting our organization at 919-881-0160.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Shane McKee, at 919-881-0160.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights.

## **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment*

**For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectation of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

*We will use your information for payment*

**For example:** A bill may be sent to you or a third-party payor. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedure, and supplies used.

*We will use your information for regular health operations*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality

improvement team may use information in your record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

*Business associates:* There are some services provided in our organization through contacts with business associates. Examples include but are not limited to physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payor for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral Directors:* We may disclose information to funeral directors consistent with applicable law to carry out their duties.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

*Fundraising:* We may contact you as part of a fundraising effort.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charge with preventing or controlling disease, injury, or disability.

*Correctional Institution:* Should you be an inmate of a correctional institution, we may disclose to the institution, or agents thereof, health information necessary for you health and the health and safety of other individuals.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.