



HIPAA Notice of Privacy Practices (NPP) Form

This is a Notice of Privacy Practices. It describes how medical information about you may be used and disclosed and how you can get access to this information. Review this carefully. You will be asked to acknowledge that you have received a copy of our Notice of Privacy Practices.

We understand that information about you and your health is very personal. We strive to protect your privacy. We will only use or disclose your personal health information as allowed by law.

Your personal health information will be used to provide you care, and where applicable to educate other healthcare professionals and for research. We train our staff to respect privacy and protect the confidentiality of your personal health information. We are required by law to maintain the privacy of our patients' personal health information and to provide you with notice of our legal obligations and privacy practices. We are further required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice as necessary.

You may receive a copy of this Notice or any revised Notice at any time at any of our AI locations or a copy may be requested in writing to **AI HIPAA Compliance; 104 Pheasant Run; Suite 129; Newtown, PA 18940.**

USES AND DISCLOSURE

The following categories detail the various ways in which we may use or disclose your personal health information. We have also provided some illustrative examples.

Your Authorization: Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed an authorization allowing us to do so. You have the right to revoke the authorization at any time in writing.

Uses and Disclosures for Treatment: We will use and disclose your personal health information as necessary for your treatment. For instance, to remind you about appointments or visits, or doctors, nurses and other professionals involved in your care will use information in your medical record and information you provide to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also disclose your personal health information to institutions or individuals outside of our Practice that are or will be providing services or care to you.

Uses and Disclosures for Payment: We will use and disclose your personal health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use information to prepare a bill to send to you or the person responsible for your payment.

Uses and Disclosures for Healthcare Operations: We will use and disclose your personal health information as necessary for healthcare operations. This is necessary to run

our Practice and ensure that our patients receive high quality care. For example, we may share your personal health information in order to conduct an evaluation of the treatment or services provided or to educate or review the performance of our staff.

Persons Involved in Your Care: Unless you object, we may disclose personal health information to members of your family or a close friend or any other person you identify, to facilitate that person's involvement in your care or payment, or to assist a family member, personal representative or other person responsible for your care of your location and general condition.

Health Products and Services: We may use personal health information to communicate with you about treatment alternatives or other health related benefits or services that may be of interest to you.

Research: We may use and disclose your information for research. In these cases your privacy will be protected by the confidentiality of the research.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations. It may be necessary for us to share your personal health information with these outside organizations who assist us with treatment, payment or operations. In such cases we require these business associates to properly safeguard the privacy of your personal health information.

Other Uses and Disclosures: We are permitted or required by law to make certain other uses or disclosures your personal health information without your consent or authorization. Subject to conditions specified by law. We may release your personal health information for any purpose required by law;

- We may release your personal health information for public health activities such as required reporting of diseases, birth and death and for required public health investigations;
- We may release your personal health information to certain governmental agencies if we suspect child abuse or neglect we may also release your personal health information to certain governmental agencies if we believe you to be a victim of abuse, neglect or domestic violence;
- We may release your personal health information to entities regulated by the Food and Drug Administration if necessary to report adverse event product defects, or to participate in product recalls;

- We may release your personal health information to your employer when we have provided health care to you at the request of your employer for purposes related to occupational health and safety; in most cases you will receive notice that the information is disclosed to your employer;
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, inspections and related oversight functions;
- We may use or disclose your personal health information in emergency circumstances such as to prevent a serious and imminent threat to a person or the public;
- We may release your personal health information if required to do so by a court or administrative order or subpoena or discovery request; in most cases you will have notice of such release.
- We may release your personal health information to law enforcement officials to identify or locate suspects, fugitives or witnesses or victims of crime or for other allowable law enforcement purposes;
- We may release your personal health information to coroners, medical examiners and/or funeral directors;
- We may release your personal health information to arrange an organ or tissue donation from you or a transplant for you;
- We may release your personal health information if you are a member of the military for activities set out by certain military command authorities as required by armed forces services or for national security, intelligence or protective services activities; and
- We may release your personal health information if necessary for purposes related to your workers' compensation benefits.

The confidentiality of alcohol and drug abuse patient records, HIV-related information and mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Generally we may not disclose this information unless you consent in writing, the disclosure is allowed by a court order or in limited and regulated other circumstances

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information: Generally you have the right to access, inspect, and/or copy personal health information that we maintain about you. Unless it is during a scheduled appointment with a clinician, the request for access must be made in writing and be signed by you or your representative. We will charge you for a copy of your medical records in accordance with a schedule of fees established by applicable state law. You may obtain a request form from the Medical Records department.

Amendments to Personal Health Information: You have the right to request that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All requests must be in writing,

signed by you or your representative and must state the reason for the amendment/correction. If an amendment or correction you request is made by us we may also notify others work with us and have copies of the uncorrected record if we believe such notification is necessary. Please note that even if we accept your request we will not delete information already documented in your medical record. You may obtain an amendment request form from the Medical Records department

Accounting of Disclosures: You have the right to receive an accounting or certain disclosures made by us of your personal health information after April 14, 2003 except for disclosure made for purposes of treatment. Payment and health care operations or for certain other limited exceptions. Requests must be made in writing. A fee may be charged.

Restrictions on Use and Disclosure: You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment and health care operations. For example, you may request that we do not share your health information with a family member, A restriction request form can be obtained from the medical records department. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. We will notify you of this termination.

Confidential Communications: You have the right to request communications regarding your personal health information from us by alternative means or at alternative locations and we will accommodate reasonable requests. You must request such confidential communication in writing.

Paper Copy of Notice. As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic mail. Our Notice may also be obtained on our website at www.arrhythmia institute.com.

Additional Information

Complaints: If you believe your privacy rights have been violated, you may file a complaint in Writing with the doctor's office or the HIPAA compliance office of the Practice. You may also file a complaint with the Secretary of the US Department of Health and Human Services in Washington D.C. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

For more information:

If you have questions or need further assistance regarding this Notice of Privacy Practices, you may contact us in writing at **AI HIPAA Compliance Office 104 Pheasant Run; Suite 129; Newtown, PA 18940** or by telephone at **215-741-5600 ext 1238** or by e-mail at **compliance@arrhythmia institute.com**.

Effective– 1-1-2014