

# Cape Fear Cardiology Associates, P.A.

3634 Cape Center Drive • Fayetteville, North Carolina • Telephone (910) 485-6470 • FAX (910) 485-8198

## **Notice of Privacy Policies**

This notice describes how medical information about you may be used and disclosed and how you get access to this information.

Please review it carefully.

This Notice of Privacy Policies describes how Cape Fear Cardiology Associates, P.A. (CFCA) may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Policies. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we may maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Policies by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at that time of your next appointment.

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

Each time you visit CFCA, 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 payer can verify that services billed were actually provided, and
- A source of information for public health officials charged with improving the health of this state and the nation.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy and make more informed decisions when authorizing disclosure to others.  
**Your Health Information Rights**

Although your health record is the physical property of CFCA, the information belongs to you. You have the right to, as described in the Standard for Security and Privacy:

- Obtain a paper copy of this notice of information practices upon request,
- Obtain an accounting of disclosures of your health information,
- Amend your health record,
- Inspect and copy your health record,
- Request your health information by any means or at any location,
- Request a restriction on certain uses and disclosures of your information, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

Cape Fear Cardiology Associates, P.A. is required to:

- Maintain the privacy of your health information,
- Provide you, and abide by, this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Notify you if we are unable to agree to a request restriction, and
- Accommodate reasonable requests you may have to communicate health information by any means or to any location.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose 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, Peggy Brock at (910) 485-6470.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Office, or with the Office for Civil Rights, U.S. 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. The address for the OCR is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

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

We will use your health information for treatment.

Information obtained by physician or other member of our 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 expectations of the members of your health care team. Members of your health care team will record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you during the course of our care and once you have been released from our care.

We will use your health information for payment.

A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures, and supplies used.

We will use your health information for regular health operations.

We may use or disclose, as needed, your protected health information in order to support the business activities of our practice.

**Business associates:** There are some services provided in our organization through contacts with business associates. These associates may include but are not limited to: hospitals, laboratories, diagnostic centers, transcription services, monitoring services, physicians. When these services are contracted, we may disclose your health information to our business associate so that they can perform the service we have asked of them and bill you or your third party payer

for services rendered. To protect your health information 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.

**Funeral directors:** We may disclose health 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.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and products 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 charged with preventing or controlling disease, injury, or disability.

**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 profession or clinical standards and are potentially endangering one or more patients, workers, or the public.