



## SUN STATE CARDIOLOGY

[www.sunstatecardiology.com](http://www.sunstatecardiology.com)

(480) 821-3800 FAX: (480) 821-3806

---

### **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.

Sun State Cardiology appreciates you as our patient and strives to maintain your personal information in a confidential manner at all times. Recent changes in the health care industry will promote and enforce these standards to all parties who have access to your protected health information (PHI). These standards are enforced through the **Department of Health and Human Services** according to the regulations outlined in the **Health-Insurance Portability & Accountability Act (HIPAA)** of 1996: Part of what this means to you, the patient, is that your records are often used in many ways. We at Sun State Cardiology would like to take this opportunity to share with you the responsibility we feel towards you and the private information with which you have entrusted us.

The primary use of your medical record is to assist your provider in the delivery of quality medical care and to document each aspect of this care. Routinely, our office provides information related to your visits, such as the reason, examinations, and results of tests, to other parties who are involved in your treatment, payment of medical bills, or the operation of our medical practice. This document will describe how we may use or disclose you information for these purposes only and how we will protect it from all other unnecessary disclosure.

We are required to follow the terms of this Notice of Privacy Practices. We may, however, change the terms of our notice at any time. A new notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notice of Privacy Practices upon request.

#### **Uses and Disclosures**

Sun State Cardiology may use and disclose protected health information (PHI) for the purposes of *treatment, payment, and health care operations*. For Example:

**Treatment:** We may release medical information to another health care provider, laboratory, or prior authorization associate in an effort to provide you with quality care.

**Payment:** We may share your PHI with specific others in an attempt to obtain payment for your health care services. These may include, but are not limited to, health insurance companies (for verification of coverage and claim payment), billing personnel, collection agencies, and family members who are responsible for your account.

**Operations:** We may use or disclose health information in the course of routine business operations. For example, we may use your health information to evaluate the quality of care you are receiving, or to educate our physicians and staff on how to improve the care they provide you. We may leave messages on your home answering machine regarding our need to speak with you or the status of an appointment. Your health information may be provided to business associates who provide services to us, such as billing companies, consultants, or attorneys. Each associate shall meet or exceed these privacy practices and have a written agreement on file with our office of their intent to comply.

### **Other Uses and Disclosures Allowed Without Authorization**

- **Personal Representative** - To a person, under applicable law (providing evidence of such upon request) who has the authority to represent you, such as the Power of Attorney or legal guardian.
- **Public Health Officials** - Such officials include, but are not limited to, The Arizona Department of Health Services for Site and Records inspections, ASIIS Immunization registry, and any other public health authority, as authorized by law. to prevent or control disease, injury or disability.
- **Law Enforcement Agencies** - In certain instances, such as child abuse, unknown cause of death to a patient or the loss or gain of legal guardianship, PHI may be disclosed to law enforcement officials or Child Protective Services.
- **Judicial and Administrative Proceedings** - In response to a court order, subpoena, discovery request or other lawful, judicial or administrative proceeding.

The examples of permitted uses and disclosures listed above are not provided as an all inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

### **Other Uses and Disclosures**

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the authorization.

### **Communication**

You have the right to request that Sun State Cardiology communicate with you about your health and related issues in a particular manner. For instance, you may ask that we contact you at home, rather than work. Such requests should be submitted in writing to our Privacy Officer. We will accommodate reasonable requests.

### **Inspect and Copy**

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing history, but not including psychotherapy notes. You must submit your request in writing.

### **Amendments**

You may ask us to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. You must provide us with a verifiable reason that supports your request for amendment.

### **Accounting of Disclosures**

You may ask us to provide you with an accounting of any disclosures of your PHI, if any, for reasons other than disclosures for treatment, payment and health care operations, as described above, and disclosures made to you or your personal representative.