

NOTICE OF PRIVACY PRACTICES
The Heart and Vascular Specialists
Shashi S Bellur M.D., P.A. F.A.C.C

This Notice describes how medical information about you may be used and disclosed and how you can access this information.

This Notice of Privacy Practices tells you about the ways we may use and disclose your protected health (medical) information and your rights and our obligations regarding the use and disclosure of your medical information. This Notice applies to The Heart and Vascular Specialists and Shashi S. Bellur M.D. including its providers and employees of this practice.

Our obligation as required by law:

Maintain the privacy of your medical information, to the extent required by state and federal law.

Give you this Notice explaining our legal duties and privacy practices with respect to medical information about you.

Notify affected individuals following breach of unsecured medical information under federal law and

Follow the terms of the version of this Notice that is currently in effect.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and healthcare operations.

Treatment means providing, coordination or managing healthcare and related services by one or more healthcare providers. (For example, diagnostic testing services, Cath lab services)

Payment means activities obtaining reimbursement for services, conforming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your insurance company for payment.

Healthcare Operations include the business aspect of running our practice such as conducting quality assessment and improvement activities, auditing functions, cost management analysis and customer service. An example of this would be an internal quality assessment review.

Appointment reminders We may use and disclose medical information, in order to contact you (including, for example, contacting you by phone and leaving a message on an answering machine) to provide appointment reminders and other information.

Business Associates There are some services (such as billing, medical services and legal services) that may be provided to or on behalf of our Practice through contracts with business associates. When these services are contracted, we may disclose your medical information to our business associate so that they can perform the job we have asked them to do.

To protect your medical information, however, we require the business associate to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care We may disclose medical information about you to a friend or family member who is involved in your healthcare, as well as to someone who helps pay for your care, but we will do so only as allowed by state or federal law (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization.

As Required by Law We will disclose medical information about you when required to do so by federal, state and local law or regulations.

We may also create and distribute identified health information by removing all references to individually identifiable information.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we may have already taken actions relying on your authorization.

You may have the following rights with respect to your Protected Health Information, which you can exercise by presenting a written request to the privacy officer.

The right to obtain a copy of your PHI, with limited exceptions

The right to correct your PHI

The right to ask us to limit the information we share

The right to inspect and copy your protected health information

The right to amend your protected health information

The right to receive an accounting of disclosures of protected health information

The right to receive a copy of this notice from us upon your request

The right to choose someone to act for you if you have given someone power of attorney or legal guardian

The right to file a complaint if you believe your privacy rights have been violated

If you feel we have violated your rights, please let us know immediately. We will make every effort to make it right.

You can file a complaint by sending a letter to the US Department of Health and Human Services Office for Civil Rights.

We reserve the right to change the terms of this notice without prior notification, provided such changes are permitted by applicable law. The new terms of our notice will be effective for all health information that we maintain, including health information we created or received before we made the changes. The new notice will be available upon request, in our office, or if you prefer, via mail.