

**HEART AND VASCULAR CARE
Charanjit S. Khurana, MD, PC
NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed at Heart and Vacular Care and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY

I. We have a legal duty to safeguard your protected health information (PHI)

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal law that requires that all medical records and other identifiable health information used or disclosed by us be kept properly confidential. We call this information “Protected Health Information” or “PHI” for short, and it includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for this healthcare. Later, federal law, so-called “HIPAA HITECH”, made changes and added other protections to how your PHI is handled and securely maintained. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in our current Notice and to abide by HIPAA, HITECH and other applicable state law requirements.

We have designated a member of staff to serve as Privacy Officer. If you have any questions about this notice, you may reach by calling the main office number at (703)527-1400 during normal business hours.

Uses and Disclosures

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior authorization, and for others, we do not.

We may use and disclose your PHI without your authorization for the following reasons (TPO):

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, we disclose PHI to your referring doctor, hospitals serving you, and to covering physicians providing care at night, on weekends or during vacations. We also respond by telephone to a request for PHI from health care providers regionally or nationally who are responsible for providing you timely services.

Payment: Your health information may be used to seek payment. For example, we may provide portions of your PHI to your health plan regarding information on dates of service, the services provided, and the medical condition being treated, to get paid for the health care services we provide to you. We may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.

Health care operations: Your health information may be used as necessary to support the day – to – day activities and management of Heart and Vascular Care. For example, we audit charts and discuss challenging illnesses with other healthcare providers in order to ensure quality and appropriateness of care.

We may disclose your PHI to certain business associates who assist with running of the practice. Business associates are now required by HIPAA HITECH law to observe the HIPAA privacy policy requirements and are bound by the duties in their Business Associates Agreements with us well.

Additional Uses and Disclosure of Information

Communications and Appointment Reminders: We may contact you at the address and phone number you have given us in your registration sheet as a reminder that you have an appointment or to give you other information about your treatment or payment matters. You have the right to request that we change the manner in which we contact you and we will accommodate any reasonable requests. You may make such requests to our reception staff or Privacy Officer. Regardless of any

request you make and we agree to, we will return requests for communication with you using the means you most recently direct us to do, if reasonable.

We are permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization, including, but not limited to:

- a. Disclosures required by law e.g.: with order of a court, comply with public health requirements
- b. Disclosures to avert serious threats to health or safety
- c. Disclosures with reference to Workers' Compensation or Food and Drug Administration

We will obtain your verbal agreement before using or disclosing limited PHI to others involved in your care or payment for it, such as a family member or a close friend. However, in certain circumstances when it is not practical to obtain your oral authorization, such as in an emergency, we may use and disclose limited PHI for these purposes without your prior specific agreement. We may also provide limited PHI, such as your treatment, location, condition and status, to a family member friend, or other person that you indicate is involved in your care or the payment for your health care.

Other Uses and Disclosures that require your Authorization

- Uses and disclosures for marketing purposes
- Sale of your health information

II. What rights you have regarding your PHI

You have specific rights under HIPAA and HIPAA HITECH regarding your PHI. These include:

- Get an electronic or paper copy of your medical record. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge you a reasonable, cost-based fee for the copies.
- Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say no to your request, but we'll tell you why in writing within 60 days.

- Request confidential communications. You can ask us to contact you in a specific way (for example home or office phone) or to send mail to a different address. We will agree to reasonable requests.
- Ask us to limit what we use or disclose. You can ask us not to use or disclose certain health information. We are not required to agree to your request, and we may say no if it would affect your care. If you pay for a service or healthcare item out of pocket in full, you can ask us not to disclose that information to your insurer for payment or operations purposes. We will agree to that limitation unless the law would require us to do otherwise.
- Get a list of those with whom we've shared your health information after April 14th 2003.
- Obtain a paper copy of this notice even if you receive it electronically.

All requests should be made in writing by requesting forms at our front desk.

III. The Notice of Breach of Confidentiality of your PHI

If a breach occurs that compromises the privacy or security of your health information, we will notify you in writing. Notice will be given within a reasonable time frame not to exceed 60 days from the time we learn of the breach.

IV. Right to revise Notice of Privacy Practices

As permitted by law, we reserve the right to amend or modify our Notice of Privacy Practices at any time. These changes in our Notice may be required by changes in federal and state laws and regulations. The terms of our revised Notice will be applied to your entire PHI that we maintain, whether it was obtained or developed by us prior to the Revised Notice.

V. Complaints and contact person

If you would like to submit a complaint about our Privacy Practices, you can do so by submitting your written complaint or concern on the form provided at our Reception area or from our Privacy Officer to:

HIPAA Privacy Officer,
Heart and Vascular Care, Charanjit S. Khurana, MD, PC
1715 North George Mason Drive, Suite 107
Arlington, VA 22205

You may also send a written complaint to the Secretary of the Department of Health and Human Services, Office of Civil Rights.

You will not be penalized otherwise retaliated against for filing a complaint.

VI. Effective Date

The effective date of this Notice is September 1, 2015

VII. Acknowledgement of receipt of this Notice.

Heart and Vascular Care, Charanjit S. Khurana, MD, PC is committed to the privacy of your health information and will abide by applicable laws, including HIPAA and HIPAA HITECH, as applicable, to achieve this. We therefore ask that you sign and return the attached "Acknowledgement of Receipt of Notice of Privacy Practices" form, acknowledging that you have received our "Notice of Privacy Practices."

Acknowledgement of Receipt of
Notice of Privacy Practices

I here by acknowledge receipt of a Notice of Privacy Practices from Heart and Vascular Care.

Please note: A copy of our Privacy Policy is posted on our patient information bulletin board in the waiting area. If you would like a copy, you may request this from our receptionist.

Printed Name of Patient/Authorized Representative

Signature of Patient/Authorized Representative

Date

Relationship

Witness Signature

Date

Office Use only

Unable to obtain acknowledgement of Receipt of Notice of Privacy Practices because: _____

Signature of Practice Staff

Date