



207 Chartwell Court • Myrtle Beach, South Carolina 29588 • (843) 293-2700

NOTICE OF PRIVACY PRACTICES

INTRODUCTION

This notice describes how we handle your confidential personal and health care related information, including how we disclose any information about you to any individual, institution, or entity, and how we protect it from unauthorized access.

At South Strand Cardiology, LLC, we are committed to protecting all your information as if it is our own, regardless of its source (i.e., any information that we collect from you personally, or information that we have collected with your permission from other health care facilities/entities or individuals).

We never market or sell any personal information of any of our patients.

Please review this notice carefully and contact the practice manager with any questions you may have.

This notice is effective as of January 1, 2014 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH CARE RECORD/INFORMATION

A record of your visit is documented each time you come for a visit at South Strand Cardiology. Typically, this record contains your clinical symptoms, medications, allergies, past medical history, surgical history, family history, social history, physical examination, test results, diagnosis/opinions, recommendations, with treatment plan and follow-up information for your future care. This information, also referred to as your health or medical record, serves as a:

- Basis for establishing a diagnosis and initiating any treatment plan with follow up care;
- Means of communication with other health professionals involved in your care or expected to contribute to your care as consultants;
- Legal documentation describing the care you have received;
- Means by which you or a third-payer can verify that services billed were actually provided;
- Tool, which we can use to assess and improve the quality of care we deliver to our patients.

Understanding what is in your health record and how your health information is used, helps you to insure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your health information in the process of providing you with health care, such as diagnosis, treatment, follow up care, assessment of quality of care and billing purposes. From time to time, your insurance company may ask us to send them a copy of your medical records. In such circumstances, we may disclose your health information to your insurance company. In addition, if required by law, we may disclose your information to legal authorities, such as law enforcement and public health authorities. With your written permission, we may share your health information with other physicians, health care providers, hospitals, or other health care facilities or providers. Some



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services that you may need are provided at local hospitals or other health care facilities. In such situations, we may disclose your health information to such business associates so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, 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 members: We may disclose your health information to a family member, other relative, close friend or any other person that you authorized to have access to your medical records. You may request restrictions on disclosing your health information and or revoke your authorization in revealing your health information.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

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 transplant of organs, for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by law and to the extent necessary to comply with the laws relating to workers compensation or other similar programs.

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 a 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 professional or clinical standards and are potentially endangering one or more patients, workers, or the public.



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YOUR RIGHTS

Although your health record is the physical property of South Strand Cardiology, LLC, the information belongs to you. You have the right to:

1. Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide you a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

2. Inspect and ask us to correct your medical record

- You can ask us to correct your health information, 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.

3. Request confidential communication

- 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 oblige all reasonable requests.

4. Request a restriction on certain uses and disclosures of your information

- You can ask us not to use or share certain health information for treatment, payment, or our operations. 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 health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

5. Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

6. Revoke your authorization to use or disclose health information except to the extent that such action has already been taken.

7. Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

8. Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

9. File a complaint if you believe your privacy rights have been violated

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>
- We will not retaliate against you for filing a complaint.



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OUR RESPONSIBILITIES

South Strand Cardiology, LLC is required to:

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

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a revised notice by:

- Posting the new notice in our office.
- If requested, making copies of the new notice available in our office or by mail, or
- Posting the revised notice on our website: <https://southstrandcardiology.com/>

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing 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 would like additional information, and/or have any questions, please contact the practice's Privacy Officer, Suela Sefa, at (843) 293-2700.

If you believe your privacy rights were violated, you can file a complaint with the practice's Privacy Officer 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 for 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

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose not to sign, or are not able to sign, a staff member will sign their name and date. This acknowledgement will be filed with our records.