

# Cardiovascular Group of Syracuse, P.C.

Effective Date: April 14, 2003  
Revised August 2013

## 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.**

Cardiovascular Group of Syracuse, P.C. ("CVGS") is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

If you have questions about any part of this Notice or if you want more information about our privacy practices, please contact:

Privacy Officer  
Cardiovascular Group of Syracuse, P.C.  
6221 State Rt. 31, Suite 104  
Cicero, New York, 13039  
Ph.: 315-752-0141 ext.130

### **What is Protected Health Information (PHI)?**

"PHI" is information that individually identifies you and that we create or obtain from you or another healthcare provider, health plan, your employer, or a healthcare clearing house and that relates to (1) your past, present, or future physical and mental health care conditions, (2) the provision of healthcare to you, or (3) the past, present, or future payments for your health care.

### **A. How CVGS may Use or Disclose Your Health Information:**

CVGS collects health information from you and stores it in a chart in a paper chart and some information is stored on a computer. This is your medical record. The medical record is the property of CVGS, but the information in the medical record belongs to you. CVGS protects the privacy of your health information. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. People who work in our practice such as doctors and nurses may use or disclose your health information in order to treat you, or assist others in treating you. For example, we may disclose your health information with another health care professional to determine your diagnosis.
2. Payment. We may use and disclose your health information in order to bill and collect payment for the services you received from us to a health plan or a third party. At times, we may have to contact your health insurer to certify that you are eligible for benefits. We may provide your insurer with your health information to determine if your insurer will pay for your treatment, check eligibility or coverage for insurance benefits, review services provided to you for medical necessity, and undertake utilization review and mandated audit activities.
3. Health Care Operations. We may use and disclose your health information to operate our business. For example, we may use or disclose your health information to evaluate the quality of care you received from us or to evaluate our staff in order to improve our services. We may also disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for education and learning purposes.
4. Communication with friends and family involved in your care. Unless you object or as otherwise instructed by you, or as authorized by law, we may share your health information with a family member, relative or close personal friend who is involved in your care or payment for that care.

5. Appointment reminders, treatment alternatives, benefits and services. We may use or disclose your health information when we contact you with a reminder that you have an appointment. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

6. Required by law. As authorized or required by federal, state and local law, we may use and disclose your health information.

7. Public health. As authorized or required by law, we may disclose your health information to public health authorities or other government agencies that are authorized by law to collect information for purposes related to:

- a. Preventing or controlling disease, injury or disability;
- b. Reporting to the Food and Drug Administration problems with products and reactions to medications;
- c. Notifying a person regarding potential exposure to a communicable disease;
- d. Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- e. Notifying your employer under limited circumstances related primarily to a workplace injury or illness or medical surveillance;
- f. Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required by law to disclose this information; or
- g. Reporting child abuse, domestic violence or neglect.
- h. Report reactions to medications or problems with products.
- i. Report births and deaths

8. Health oversight activities. As authorized or required by law, we may disclose your health information to health agencies authorized to conduct audits, investigations, inspections, licensure, disciplinary actions or other activities necessary for the government to monitor our practice and compliance.

9. Judicial and administrative proceedings. As authorized or required by law, we may disclose your health information in the course of any administrative or judicial proceeding, if you are involved in a lawsuit or similar proceeding, or in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute (but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested).

10. Law enforcement. As authorized or required by law, we may disclose your health information to a law enforcement official for purposes such as the following:

- a. To identify or locate a suspect, fugitive, material witness or missing person;
- b. To complying with a court order or subpoena, discovery request, or other legal process from someone else involved in a dispute and other law enforcement purposes but only if efforts have been made to tell you about the request or to get an order protecting the information requested;
- c. If you are a victim of a crime under certain circumstances;
- d. If we suspect that your death resulted from criminal conduct;
- e. If you are involved in a lawsuit or a dispute;
- f. If necessary to report a crime occurring on our premises;
- g. To defend ourselves in the event of a lawsuit; or
- h. In an emergency to report a crime.

11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

12. Organ Donation. If you are an organ or tissue donor we may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues as necessary to facilitate organ or tissue donation and transplantation.

13. Research. We may use and disclose your health information for research purposes under certain limited circumstances. We will only disclose if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove or take a copy of any PHI. We may use and disclose a limited data set that does not contain certain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the dataset only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual. Generally, we will obtain your written authorization to use your health information for research purposes.

14. Public Safety. As authorized or required by law, we may use and disclose your health information when necessary to reduce or prevent a serious threat to your health and safety, or the health and safety of the general public, or another individual. Under these circumstances, we will only make disclosures to a person or organization capable of preventing or lessening the threat.

15. Military and Veterans. We may disclose your health information if you are a member of the U.S. armed forces (including veterans), *and if* required by the appropriate authorities. We may also disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.

16. National Security. We may disclose your health information to federal officials for intelligence and national security activities authorized by law. We may also disclose your health information to federal officials in order to protect the President, other officials, foreign heads of state, or to conduct investigations.

17. Inmates. We may use or disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care, for the safety and security of the institution and to protect your health and the health and safety of other individuals.

18. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws or other similar programs.

19. Change of Ownership. In the event that CVGS is sold or merged with another organization, your health record will become the property of the new owner. You may at that time request that a copy of your medical record be forwarded to another physician for the purposes of continued care. A reasonable fee may be charged.

20. Business Associate (BA) We may disclose PHI to our "BA" who perform functions on our behalf or provide us with services. For example, we may use another company to do our billing, or to provide transcription, or consulting services for us. All of our BA's are obligated under contract with us, to protect the privacy and ensure the security of your PHI.

21. Data Breach Notification Purposes We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

**B. Authorization for Use and Disclosure of Your Health Information**  
(Uses and disclosures that require us to give you an opportunity to opt out)

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission. In those instances, we will provide you with CVGS' authorization form to sign. You may revoke your authorization, in writing, at any time except to the extent we have already relied upon it. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your authorization.

Depending upon the nature of your health information, we may be required by law to comply with additional requirements prior to using or disclosing your health information. For example, use and disclosure of HIV-related,

genetic, and mental health information may need your specific permission using a special authorization and/or release of information form as required by State of New York.

**Individuals involved in your care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family members and friends of your location or condition in a disaster. We will provide you with the opportunity to agree or object to such disclosure whenever we practicably can do so.

**C. Your Health Information Rights**

You have the following rights to access and control your health information. Each right is not absolute and is subject to some limitations and conditions.

**1. Right to Request Confidential Communications**

You have the right to request that we communicate with you about your health matters in a particular manner or location. For example, you may ask that we contact you at home, rather than at work. In order to request a specific type of confidential communication, you must make a written request to the following:

**Privacy Officer  
Cardiovascular Group Of Syracuse, P. C.  
6221 State Rt. 31, Suite 104  
Cicero, New York 13039  
315-752-0141 ext.130**

**North Med: Office Manager  
Cardiovascular Group of Syracuse, P.C.  
5100 West Taft Road, Suite 4J  
Liverpool, New York 13088  
315-701-2170**

**North East Office Manager  
Cardiovascular Group of Syracuse, P.C.  
4507 Medical Center, Suite 507  
Fayetteville, New York 13066  
315-663-0500**

**2. Right to Request Restrictions.** You have the right to request restrictions on the way we use and disclose your health information for treatment, payment or health care operations. You may also request that we restrict how we disclose your health information to family or friends involved in your care or payment of your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to the restriction. However, if we do agree, we are bound by our agreement unless the information is needed to provide you with emergency treatment or to comply with the law. In order to request a restriction in our use and disclosure of your health information, you must make your request in writing to: Privacy Officer, Cardiovascular Group of Syracuse, P.C., 6221 State Rt. 31, Cicero New York 13039. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**3. Right to Request to Inspect and Copy Records.** You have the right to inspect and copy your health information that may be used to make decisions about you, including your medical and billing records. We may deny your request to inspect and copy in certain limited circumstances, however, you may request a review of the denial by a licensed professional who was not directly involved in the denial of your request and we will comply with the outcome of that review.

**Right to a Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record or we can provide you with an explanation of PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

**Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format requested if it is readily producible in such a form or format. If the PHI is not readily producible in the requested form or format, your record will be provided in either our standard electronic format or if you prefer, a readable hard copy form. All associated fees stated would apply.

We may not charge you a fee if you need the information for a claim of benefits under the SSA or any other state or federal needs based program. To request to inspect and/or copy your records, please write to: Privacy Officer, Cardiovascular Group of Syracuse, P.C., 6221 State Rt. 31, Suite 104, Cicero, New York 13039. We have 30 days to make your PHI available to you and we may charge you a reasonable fee (no more than .75 cents a page) for the costs of copying, producing, mailing, or other supplies and fees that we incur associated with your request.

4. **Right to Request an Amendment.** You have a right to request that we amend your health information that is incorrect or incomplete as long as the information is kept by our practice. You must provide us with a reason that supports your request in writing. Under certain circumstances, we may deny your request for our amendment and we will provide you with a written explanation for the denial as well as how you can disagree with the denial. To request an amendment, please write to: Privacy Officer, Cardiovascular Group of Syracuse, P.C., 6221 State Rt. 31, Suite 104 Cicero New York, 13039. CVGS may prepare a rebuttal to your statement.

5. **Right to Request an Accounting of Disclosure.** You have a right to request an accounting of disclosures, which is a list with information about how we have shared your information with others. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this notice. The accounting, however, will not include:

- Disclosures we made to you;
- Disclosures we made with your written permission;
- Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal health care operations;
- Disclosures made to your friends and family involved in your care;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers; or
- Disclosures made before April 14, 2003.

To request this accounting, please write to: Privacy Officer, Cardiovascular Group of Syracuse, P.C., 6221 State Rt. 31, Suite 104 Cicero New York, 13039. Your request must state a time period for the disclosures you want us to include which may not be longer than six (6) years from the date of the request. You have a right to one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Additionally, limitations are different for electronic health records. There is certain information that is provided to you through our patient portal.

6. **Paper Copy of this Notice.** You have the right to request a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time, even if you agreed to receive this Notice electronically. To obtain a paper copy of this Notice contact the Privacy Officer at (315) 752-0141 ext. 130 or ask your front desk receptionist.

7. **Out-Of-Pocket- Payments.** If you paid out of pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to

that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

8. **Right to receive a notice of Breach.** You have the right to be notified upon a breach of any of your PHI.

**D. Changes to this Notice of Privacy Practices**

We reserve the right to change this Notice. The revised Notice will apply to all of your health information we have about you as well as any of your health information we receive in the future. We will post any revised Notice in our reception area and on our website. You will be able to obtain your own copy of the revised Notice by calling our Privacy Officer at (315) 752-0141, ext. 130 or by asking for a copy at the time of your next office visit. The effective date of the revised Notice will always be located at the top of the first page. We are required to abide by the terms of any Notice currently in effect.

**E. Complaints (How to Exercise your rights)**

If you believe your privacy rights have been violated by CVGS, you may file a complaint with us or with the Secretary of the Department of Health and Human Services (“DHHS”). To file a complaint with the Secretary, mail to: Secretary of the US Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 or toll free at 877-696-6775 or you may go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/).

The Cardiovascular Group of Syracuse makes every reasonable attempt to protect your privacy rights and encourages you to contact us if you believe those rights have been jeopardized. To file a concern or complaint with us, please contact: Privacy Officer, Cardiovascular Group of Syracuse, 6221 State Rt. 31, Suite 104, Cicero New York, 13039 or call 315-752-0141 ext.130.

**No retaliation will be made against you for filing a complaint.**