



70 Pleasant Street, South Weymouth, MA 02190

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Notice of Health Information Practices

Understanding your Health Record/Information

Each time you visit a hospital, physician, or healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- Basis for planning care or treatment
- Means of communication among the many health professions who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify the services billed were actually provided
- A tool in educating professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner that compiles it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a copy of the notice of information practices upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR 165.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to disclose health information except to the extent that action has already been taken

Our responsibilities:

- Maintain the privacy of your health information

- Provide you with a notice as to our legal duties and privacy practices with respect to 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 information practices change, we will provide you with a revised notice on your next visit.

We will not use or disclose your health information without your authorization, except as described in this notice

For More Information or to Report a Problem

If you would like to submit a comment or complaint about our privacy practices you can do so by sending a letter outlining your concerns to:

**South Shore Cardiology, PC
70 Pleasant Street
South Weymouth, MA 02190**

If you believe your privacy rights have been violated, you can file a complaint with the director of health information management or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

- We will use your health information for treatment
- We will use your health information for payment
- We will use your health information for regular operations

Other Permitted or Required Uses and Disclosures includes:

- *Business associates*, so they can perform the job we have asked them to do
- *Notifying* a family member, personal representative, or another person responsible for your care, your location, and general condition, only when you specifically give permission
- *Health professionals*, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care, only as you provide permission
- *Funeral directors* consistent with applicable law to carry out their duties
- *Organ procurement organizations*, consistent with applicable law
- *Marketing*: We may contact you to provide appointment reminders
- *The Food and Drug Administration (FDA)*, relative to adverse events with respects to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement
- *Workers compensation* or other similar programs established by law
- *Public health department*, as required by law for preventing or controlling disease, injury or disability
- *Correctional institutions*, should you become an inmate of a correctional institution for your health and the health and safety of others
- *Law enforcement*, required by law or in response to a valid subpoena
- *Request for insurance coverage*, we require specific written permission to disclose portions of your medical record

As permitted by federal regulation, we require that requests for copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting South Shore Cardiology Billing Department at (781)-331-7464