

**NOTICE OF PRIVACY PRACTICES FOR LEBANON CARDIOLOGY  
ASSOCIATES**

**Effective Date: April 14, 2003**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

If you have any questions regarding this notice, you may contact our privacy officer at:

Lebanon Cardiology Assoc., ATTN: Privacy Officer, 775 Norman Drive, Lebanon, Pa 17042  
Telephone: (717) 274-5500 x 316 or Fax #: (717) 274-5189

**I. YOUR PROTECTED HEALTH INFORMATION**

Lebanon Cardiology is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

**II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**Section II. A. Treatment, payment, and health care operations**

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

## **1. Treatment**

We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- During an office visit, practice physicians and other staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician to whom we have referred you for care this may also include pharmacy(s) and/or drug company(s) involved in dispensing prescriptions on your behalf.
- We may share and discuss your medical information with an outside physician with whom we are consulting regarding you.
- We may share and discuss your medical information with an outside laboratory, radiology center, or other health care facility where we have referred you for testing.
- We may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other health care provider to whom we have referred you for health care services and products.
- We may share and discuss your medical information with a hospital or other health care facility where we are admitting or treating you.
- We may share and discuss your medical information with another health care provider for the purpose of treating you.

## **2. Payment**

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- Submission of a claim form to your health insurer.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.
- Allowing your health insurer access to your medical record for a medical necessity or quality review audit.

- Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.
- Disclosing information in a legal action for purposes of securing payment of a delinquent account.

### **3. Health Care Operations**

We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- Quality assessment and improvement activities.
- Activities relating to improving health or reducing health care costs.
- Reviewing the competence, qualifications, or performance of health care professionals.
- Conducting training programs for medical and other students.
- Accreditation, certification, licensing, and credentialing activities.
- Health care fraud and abuse detection and compliance programs.
- Business planning and development activities, such as conducting cost management and planning related analyses.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

### **Section II. B. Uses and disclosures for other purposes**

We may use and disclose your protected health information for other purposes without your written authorization. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category - - not just the category under which they are listed.

#### **1. Individuals involved in care or payment for care**

As long as you do not object following notification, we may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post-operative care.

#### **2. Notification purposes**

As long as you do not object following notification, we may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death. For example, if you are hospitalized, we may notify a family member of your hospitalization and your general condition.

### 3. Health oversight activities

We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection.

### 4. Judicial and administrative proceedings

We may use and disclose protected health information disclosures in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process or to assist law enforcement officials in their duties. For example, we may comply with a court order to testify or provide medical records in a case at which your medical condition is at issue

### 5. Coroners and medical examiners

We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.

### 6. Business associates

Certain functions of the practice are performed by a business associate such as an accounting firm, a legal firm, a collection agency, answering service, transcription service, practice management software vendor, electronic medical records software vendor, or hardware maintenance service. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf.

a. Health and Safety – Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person under applicable law.

b. Organ/Tissue Donation – Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

c. Government Functions – We may disclose your health information for specialized government functions, such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of the information.

d. Workers Compensation – Your health information may be used or disclosed in order to comply with laws and regulations related to Workers’ Compensation.

e. Appointments – We may use your health information to provide appointment reminders.

#### 7. Incidental disclosures

We may disclose protected health information incidentally to an otherwise permitted use or disclosure. For example, other patients may overhear your name being called in the waiting room.

### **Section II. C.** Uses and disclosures with authorization

For all other purposes which do not fall under a category listed under sections III.A and III.B, we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

## **III. PATIENT PRIVACY RIGHTS**

### **A. Further restriction on use or disclosure**

You have a right to request that we further restrict use and disclosure of your protected health information 1) to carry out treatment, payment, or health care operations, 2) to someone who is involved in your care or the payment for your care, or 3) for notification purposes. We are not required to agree to a request for a further restriction.

To request a further restriction, you must submit a written request to our privacy officer. The request must tell us: a) what information you want restricted; b) how you want the information restricted; and c) to whom you want the restriction to apply.

### **B. Confidential communication**

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

### **C. Accounting of disclosures**

You have a right to obtain, upon request, an “accounting” of certain disclosures of your protected health information by us (or a business associate for us). This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstances, we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. The request should designate the applicable time period.

### **D. Inspection and copying**

You have a right to inspect and obtain a copy of your protected health information that we maintain in a designated records set. This right is subject to limitations and we may impose charges for the labor and supplies involved in providing copies.

To exercise your right of access, you must submit a written request to our privacy officer. The request must: a) describe the health information to which access is requested, b) state how you want to access the information, such as inspection, pick-up of copy, mailing of copy, c) specify any requested form or format, such as paper copy or an electronic means, and d) include the mailing address, if applicable.

### **E. Right to amendment**

You have a right to request that we amend protected health information that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

### **F. Paper copy of privacy notice**

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact our privacy officer.

## **IV. CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change including information that we created or received prior to the effective date of the change.

We will post a copy of our current notice at both entrances of the practice. At any time, patients may review the current notice by contacting our privacy officer. Patients also may access the current notice at our web site at [www.lebanoncardiology.com](http://www.lebanoncardiology.com).

## **V. COMPLAINTS**

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or to the Secretary of Health and Human Services. To file a complaint with Lebanon Cardiology, please submit the complaint in writing to our privacy officer. The practice will not retaliate against you for filing a complaint.

## **VI. LEGAL EFFECT ON THIS NOTICE**

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

HIPAA/revise03/28/03cs