



Northwest Houston Heart Center

A. Adnan Aslam, MD FACC, FSCAI

425 Holderrieth, Suite 208, Tomball, Texas 77375 - Tel: 281.351.4911

Health Insurance Portability and Accountability Act

NOTICE OF PRIVACY PRACTICES

I have received the Notice of Privacy Practices (see below) and provided with an opportunity to review it.

Date: _____

Name: _____ Birth date: _____

Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis. (including, treatment plans, payments, and health care options)

Can confidential messages regarding appointment reminders, lab results or any health care information be left on your home answering machine or cell phone?

Yes _____ No _____

Signature: _____



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Privacy Policy

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction and NHHC Pledge Regarding Medical Information

At Northwest Houston Heart Center (NHHC), we understand that medical information about you and your health is personal. NHHC is committed to treating and using this protected health information about you responsibly. This Notice of Privacy Practices describes the personal health information we collect, and how and when we use or disclose that information. It describes NHHC use and disclosure of your information in order to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations of the Health Insurance Portability and Accountability Act (HIPAA).

Understanding Your Health Record/Information

Each time you visit NHHC, 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 a:

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



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

Your Health Information Rights

Although your health record is the physical property of NHHHC, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request. NHHHC will provide a copy of this notice to you upon your request.
- Inspect and copy your health record as provided for in 45 CFR 164.524. This means you may inspect and obtain a copy of the protected health information that is contained in your designated medical record for as long as NHHHC maintains the protected health information. Your designated medical record contains your medical records and any other records that your physician and the practice use for making decisions about you.
- Amend your health record as provided in 45 CFR 164.528. This means you may request an amendment of protected health information about you in your designated medical record for as long as NHHHC maintains this information. In certain cases, NHHHC may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with NHHHC. NHHHC may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You may request an amendment through discussions with the NHHHC physician or practitioner or by sending written notification to the NHHHC Privacy Officer, 425 Holderrieth, Suite 208, Tomball, Texas 77375.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures NHHHC may have made to you, family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations. You may request an accounting of disclosures by sending written notification to the NHHHC Privacy Officer, 425 Holderrieth, Suite 208, Tomball, Texas 77375.
- Request communications of your health information by alternative means or at alternative locations. NHHHC will accommodate any reasonable request. NHHHC officials



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may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to the NHHC Privacy Officer, 425 Holderrieth, Suite 208, Tomball, Texas 77375.

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You may request a restriction by sending written notification to the NHHC Privacy Officer, 425 Holderrieth, Suite 208, Tomball, Texas 77375. However, NHHC physicians are not required to agree to a restriction that you may request. If the NHHC physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the NHHC physician does agree to the requested restriction, NHHC may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. You may revoke your authorization, at any time, in writing, except to the extent that your physician or the physician's practice has on the disclosed or released information based on the original authorization.

NHHC Responsibilities

NHHC is required to:

- Maintain the privacy of your protected 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
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations



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NHHC reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. NHHC will post revised Notice of Privacy Practices on our web site at www.houstonheartcenter.com. You may also call the NHHC office and request that a revised copy be sent to you in the mail. Privacy Notices are available at our office and you can ask for a copy at the time of your next appointment.

How NHHC May Use and Disclose Protected Health Information

Treatment: NHHC will use your protected health information for treatment. NHHC may disclose medical information about you to physicians, nurses, technicians, medical or nursing students, or other office and hospital personnel who are involved in taking care of you. NHHC will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, NHHC would disclose your protected health information, as necessary, to a home health agency that provides care to you. NHHC will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, NHHC may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: NHHC will use your protected health information for payment. Your protected health information will be used, as needed, to obtain payment for your health care services. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: NHHC will use your protected health information for regular health operations. Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess



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the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

NHHC may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical or nursing school students that see patients at our office. In addition, NHHC may use a sign-in sheet at the registration desk and may ask you to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

NHHC will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between NHHC and a business associate involves the use or disclosure of your protected health information, NHHC will have a written contract that contains terms that will protect the privacy of your protected health information.

NHHC may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. NHHC may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. NHHC may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

Emergencies: NHHC may use or disclose your protected health information in an emergency treatment situation. If this happens, NHHC shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, NHHC may still use or disclose your protected health information to treat you.



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Appointment Reminders: To assist NHHC in the coordination of your care, NHHC may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the office. NHHC may arrange a recorded call to your phone to remind you of a scheduled appointment. At times, it may be necessary for NHHC to leave a message with someone at your home or on your answering machine regarding your appointment.

Business Associates: There are some services provided in our organization through contracts with business associates. Some examples may include billing services, laboratories, radiology services, appointment reminder services, and copy services that NHHC may use when making copies of your health record. When these services are contracted, NHHC may disclose your health information to our business associate 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, NHHC requires the business associate to appropriately safeguard your information.

Notification: NHHC 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: NHHC may disclose to a family member, other relative, or close personal friend protected health information relevant to that person's involvement in your care or payment related to your care. You have the right to object and may request additional restriction of this information by completing a NHHC Request for Additional Privacy Protection form and/or submitting your restriction request in writing. However, if NHHC determines that the request is unreasonable under the circumstances, NHHC may refuse the request. In certain cases, NHHC may advise you that in order to treat you they cannot agree to the restriction.

Communication Barriers: NHHC may use and disclose your protected health information if a healthcare professional in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the healthcare professional determines, using professional judgment that you intend to consent to use or disclose under the circumstances.

Research: NHHC and its practitioners may be involved as a study site and serve as researchers in connection with certain clinical trials. NHHC participation in the advancement of science and medicine may be of benefit to you as our clinicians may be aware of certain



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investigational treatments that may be available. However, in order to provide you with useful information concerning the availability of these treatments, NHHHC may review your medical record from time to time to determine whether you may be eligible to participate in certain studies in which you would potentially have access to certain investigational treatments. In certain instances, NHHHC may believe it is consistent with our treatment of you to consider these kinds of options in connection with your care. Only NHHHC clinicians, employees or other members of the NHHHC workforce will review your medical record during these reviews and none of your protected health information will be disclosed to third parties without your specific authorization. If it is preliminarily determined that you may be eligible for such treatment and that such treatment may be beneficial to you, your physician or a member of our staff will contact you with further information. NHHHC may disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: NHHHC 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): NHHHC may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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

Public Health: As required by law, NHHHC may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse or Neglect: NHHHC may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, NHHHC may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.



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Correctional Institution: Should you be an inmate of a correctional institution, NHHHC may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: NHHHC may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Health Oversight: Federal law makes 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 NHHHC has engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Legal Proceedings: NHHHC may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Military Activity and National Security: When the appropriate conditions apply, NHHHC may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Coroners, Medical Examiners and Funeral Directors: NHHHC may disclose health information to coroners, medical examiners, or funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, NHHHC may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.



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Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

For More Information or to Report a Problem

If have questions about this Notice and/or would like additional information, you may contact the NHHHC Privacy Officer, 425 Holderrieth, Suite 208, Tomball, Texas 77375. or call (281) 351.4911.

If you believe your privacy rights have been violated, you can file a complaint with the NHHHC 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 NHHHC Privacy Officer or the Office for Civil Rights.

The address for the OCR:

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