

An accounting of disclosures. You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, and for health care options. Your request must be made in writing & must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation) or for a period of time greater than six years (our legal obligation to retain information).

Your first request for a **list of disclosures** within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications.

You have the right to request how we communicate with you to preserve your privacy. For example- You may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a complaint. If you believe we have violated your medical information privacy rights, you have the right to file with The Heart Center directly to the Secretary of Health and Human Services.

To file a complaint with this office, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and mail it to this office. You should know there would be no retaliation for your filing a complaint.

Uses Or Disclosures Not Covered

Uses or disclosures of your information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization.

For More Information

If you have any questions or would like additional information, you may contact our office at 661-324-4100.

As a final note, your privacy has always been a primary concern in this office. Let me assure you that my office staff and I intend to maintain the highest standards of patient-doctor confidentiality. –Vinod Kumar, MD

Mail all correspondence to:

The Heart Center
Attn: Office Manager

5020 Commerce Dr.
Bakersfield, CA 93309

NOTICE OF PRIVACY PRACTICES

The Heart Center

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.

We are required by law to provide you with this notice that explains our privacy practices about your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice.

Ways in which we may use and disclose your protected health information:

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive.

Treatment. We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may also disclose your health information to other physicians who may be treating you. Additionally, we may from time to time disclose your health information to another physician whom we have requested to be involved in your care. For example- we would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

Payment. We may use and disclose your protected health information to obtain payment for the health care services we provide you. For example- We may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

Health Care Operations. We may use and disclose your protected health information to support the business activities of our practice. For example- We may use medical information about you to review and evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription services for our practice.

Other Ways We May Use and Disclose Your Protected Health Information:

Appointment Reminders. We may use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment.

Treatment Alternatives. We may use and disclose your protected health information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

Others Involved In Your Care. We may use and disclose your protected health information to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

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

Other. We may use and disclose your protected health information when required to by federal, state, or local law. You will be notified of any such disclosures.

To Avert a Serious Threat to Public Health or Safety. We may use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we may also disclose your health information to a foreign government agency that is collaborating with the public health authority.

Worker's Compensation. We may use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work related injuries or illness.

Your Health Information Rights

Although your health records are the physical property of the health care practitioner or facility that compiled it, the information is of you. You have the right to:

A Paper Copy of Your Record. You have the right to receive a paper copy of this notice upon written request. We may charge a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.

Inspect. You have the right to inspect the protected health information that we generate about you as long as we maintain the original information. This information includes your medical and billing records, as well as any other records we generate for to make decisions about you. Any psychotherapy notes that may have been included in records we receive about you are not available for your inspection or copying by law. If you wish to inspect your medical information, you submit your request in writing to this office. You may mail in your request, or bring it to our

office. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

Request Amendment. You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to this office, stating exactly what information is incomplete or inaccurate and your reasoning that support your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

-the information was not created by us, or the person who created it is no longer available to make the amendment;

-the information is not part of the record that you are permitted to inspect and copy;

-the information is not part of the designated record set kept by this practice : or it is the opinion of the health care provider that the information is accurate and complete.

Request Restrictions. You have the right to request a restriction or limitation of how we use or disclose your medical information for treatment, payment, or health care operations. For example- you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to our office manager.

We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment.