

## **Personal Information (Including Social Security Number) Privacy Protection Policy**

Cardiac Arrhythmia Service maintains policies that protect the confidentiality of personal information, including Social Security numbers, obtained from its patients. Cardiac Arrhythmia Service is committed to protecting information about its patients, especially the confidential nature of their personal information (PI). Personal Information is information that is capable of being associated with an individual through one or more identifiers including but not limited to, a Social Security number, a driver's license number, a state identification card number, an account number, a credit or debit card number, a passport number and does not include publicly available information that is lawfully made available to the general public from federal, state or local government records or widely distributed media.

Cardiac Arrhythmia Service will not use or share personal information with anyone outside the company except when permitted or required by federal and state law.

Cardiac Arrhythmia Service and staff must only access personal information as required by job duties. Personal information is protected by having physical, technical, and administrative safeguards in place

### **NOTICE OF PRIVACY PRACTICES**

This notice describes how health information about our patients may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (**HIPAA**).

Cardiac Arrhythmia Service developed the following Notices of Privacy Practices based upon Federal and individual State regulations.

### **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

### **Use and disclosure of your health information in certain special circumstances**

The following circumstances may require us to use or disclose your health information:

1. To public health authorities/health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

### **Your rights regarding your health information**

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including

psychotherapy notes. You must submit your request in writing to Cardiac Arrhythmia Service, 1200 N. Federal Hwy. Suite 100 Boca Raton, FL 33432, who will have up to 30 days to comply.

4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Cardiac Arrhythmia Service, 1200 N. Federal Hwy. Suite 100 Boca Raton, FL 33432 who will have 60 days to respond. You must provide us with a legitimate reason that supports your request for amendment.
5. You are entitled to receive a copy of this Notice of Privacy Practices. At any time, you may obtain a copy of this notice by contacting our front desk receptionist.
6. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint, contact Cardiac Arrhythmia Service, 1200 N. Federal Hwy. Suite 100 Boca Raton, FL 33432. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact your physician.