

**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**

This notice is effective as of May 13, 2012

**USES AND DISCLOSURE OF HEALTH INFORMATION**

*TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS*

South Bay Cardiovascular Center (or SBCC) uses and discloses your protected health information for treatment, payment and health care operations. Some examples of when our office may use or disclose your healthcare information for these purposes include:

- Sharing test results with other health care providers
- Providing your diagnosis or other information about your health to your insurance provider to obtain payment for the health care services we provide
- Reviewing information as part of our quality improvement program

*OTHER USES AND DISCLOSURES*

SBCC may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

- Providing you with information related to your health
- Contacting you regarding appointments, information about treatment alternatives, or other health related services
- Incidental uses or disclosures (e.g., listing your name on a sign-in sheet, etc.)
- Compliance with all laws (including reports of suspected abuse, neglect or violence)
- Providing certain specified information to law enforcement or correctional institutions
- Providing information to a coroner, medical examiner, funeral director, or organ procurement organization
- Public health activities when requested by a public health authority or the FDA
- Responding to health oversight agencies
- Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful process
- Research activities
- When necessary to avert a serious threat to health or safety
- Military affairs, veterans affairs, national security, intelligence, Department of State or Presidential protective service activities
- Providing information regarding your location, general condition or death to public or private disaster relief agencies
- Informing a family member, other relative, or close personal friend when:
  - Information is relevant to the individual's involvement with your care
  - Notification of your location, general condition or death
  - To assist in your health care (e.g., pick up prescriptions or other documents, note follow-up care instructions, etc.)

*AUTHORIZATION FOR OTHER USES*

SBCC will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in the notice, you may revoke your authorization at any time by notifying us in writing that you wish to revoke your authorization.

## **YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION**

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- Request restrictions on certain uses and disclosures. However, SBCC is not obligated to agree to requested restrictions
- Receive confidential communications of protected health information
- Inspect and copy your protected health information with some limited exceptions
- Request an amendment to your health information
- Receive an accounting of disclosures of your health information which is not a part of treatment, payment or health care operations
- Obtain a copy of this notice

## **SOUTH BAY CARDIOVASCULAR CENTER (or SBCC) DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION**

Subject to limitation outlined by law, SBCC has certain duties related to your protected health information including:

- SBCC is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information
- SBCC is required to abide by the terms of the privacy notice that is currently in effect
- SBCC reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. Any revised notice will be posted in our office and available upon request.

## **CONCERNS**

If you believe your privacy rights have been violated, you may make a complaint by contacting:

Anu Chirala, M.D., F.A.C.C.  
18511 MISSION VIEW DR., SUITE 120  
MORGAN HILL, CA 95037  
(408) 779-9422

or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint. **All complaints must be submitted in writing.**