



Notice of Privacy Practices

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 at Saratoga Cardiology Associates, PC are committed to safeguarding the confidentiality of your protected health information. This notice describes not only the practices of our facilities and programs, but those of any health care professional authorized to enter information in your medical record.

We are required by law to maintain patient privacy. We will use and disclose your information only as described in this notice.

What Is Protected Health Information?

Protected health information is any data we create or receive that relates to your past, present or future health care or medical condition that may be used to identify you. Protected health information includes written information such as your medical chart or billing data. It also includes information that is disclosed orally.

Typical Uses and Disclosures

Typically, we will use or disclose your protected health information for the following purposes, or to the following persons:

For Treatment

For example, we will allow your physician or nurse to access your medical record for the purpose of treating you. Others involved in your care, such as laboratory technicians, a consulting physician or a social worker, may also see your information.

For Payment

For example, we may give your health insurer enough information about your condition and treatment to support its payment for your care.

For Health Care Operations

For example, we may review your information to evaluate the performance of our staff or to confirm our compliance with federal and state laws and regulations.

To a St. Peter's Health Partners or Other Hospital Affiliates

We may share your protected health information among St. Peter's Health Partners and other hospital affiliates for treatment, payment and health care operations purposes.

To CHE-Trinity Health

We may share your protected health information with our parent company, CHE-Trinity, and providers within that system, for treatment, payment and health care operations purposes.

To a Business Associate

We may disclose information to a person or entity we contract with to perform some of our business functions – for example, a billing service or attorney.

To You

We may disclose information to you or to someone authorized to act on your behalf.

To a Facility Directory

We may include limited information about you in our facility directory while you are at our facility. This information may include your name, location in the facility and your religious affiliation. The directory information, except your religious affiliation, may be released to people who ask for you by name. You have the right to request that your name not be included in this directory. If you request to opt-out of the facility directory, we cannot inform visitors of your presence, location or general condition.

To Clergy

Directory information, including your religious affiliation, may be given to a member of the clergy who is part of the health care team, even if he or she does not ask for you by name. You have the right to request that your name not be given to any member of the clergy.

To Family and Friends Involved in Your Care

We may disclose information about you to a friend or family member who is involved in your medical care, or paying for such care. You have a right to request that your information not be shared with some or all of your family or friends.

For Treatment Reminders and Alternatives

We may contact you to remind you of appointments you've scheduled with us. We may also use or disclose your information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Less Typical Uses and Disclosures

Less typically, we may use or disclose your protected health information in special situations set forth in federal and state laws, such as the following:

Required by Law

We may use or disclose your protected health information when we are required by law to do so, such as to comply with a court order.

Public Health

For example, we may disclose such information to a public health authority that is authorized to receive such information for the purpose of controlling disease, injury or disability.

Abuse or Neglect

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse, elder abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the governmental entity or agency authorized to receive such information.

Health Oversight

We may disclose your information to a health agency for its oversight activities such as audits, investigations, inspections, licensure or disciplinary actions.

Legal Proceedings

We 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 or, in certain circumstances, in response to a subpoena, discovery request or other lawful process.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including disclosures in response to limited information requests for identification and location purposes, disclosures pertaining to victims of a crime, and disclosures about persons who have died.

Coroners, Funeral Directors and Organ Donation

We may disclose protected health information to a coroner, medical examiner or funeral director to permit them to carry out their functions. Protected health information may be used and disclosed for organ, eye or tissue donation purposes.

Research

We may disclose your protected health information to researchers if an institutional review board reviews and approves the research proposal and protocols to ensure your privacy.

Health or Safety Threat

We may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Specialized Governmental Functions

We may use or disclose protected health information for specialized governmental functions, such as disclosing information about a member of the armed services to the military to assure the proper execution of a military mission, or disclosing information about inmates to a correctional facility for security or other important purposes.

Workers' Compensation

Your protected health information may be disclosed to comply with workers' compensation laws and other legally-established programs.

Fundraising

We may use the basic identifying information from patient lists to send you material in connection with our efforts to raise funds. If we do, we will let you know how to opt out of receiving any future fundraising materials.

Uses and Disclosures with Your Authorization

We can use or disclose protected health information for any other purpose, if you give us your written, signed authorization for that specific purpose. For example, you may give us an authorization to give information to a prospective employer as part of a pre-employment physical. You may revoke any authorization you previously signed.

The following uses and disclosures of protected health information, among others, will generally require your authorization:

- Uses and disclosures of psychotherapy notes
- Uses and disclosures for marketing purposes
- The sale of protected health information

Specially Protected Information

Separate federal and state laws provide special protection to the following health information:

- Drug and alcohol treatment information
- Genetic information
- HIV/AIDS information

- Mental health treatment information

We will protect such information as required by law, and we may not be able to use or disclose such information to the same extent as we can with other protected health information.

Your Rights

Under the Notice of Privacy Practices, you have the following rights.

- To obtain and inspect a copy of your protected health information that we maintain in a medical or billing record for as long as we maintain the record. However, under federal and state law, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and, protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have this decision reviewed.
- To ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- We are not required to agree to a restriction that you may request. If we believe that it is in your best interest to permit use and disclosure of your protected health information, it will not be restricted. But if we do agree to the restriction, we may not use or disclose your information in violation of that restriction except for emergency treatment. With this in mind, please discuss any restriction you wish to request with your treating health care professional.
- To request a restriction on disclosure of your information to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.
- To request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests, but we may ask you how payment will be handled or to give an alternate address or other method of contact. We will not request an explanation from you about your request. Please make this request in writing to our Office Administrator.
- To request an amendment of protected health information about you in our records for as long as we maintain the record. In certain cases, we may deny your request. If we do, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. Please contact our Office Administrator if you have questions about amending your medical record.
- To receive an accounting of certain disclosures we have made, if any, of your protected health information. 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 we may have made to you, for a facility directory, to family members or friends, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- To be notified of a breach of your unsecured information.

- To obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.
- To complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Office Administrator. We will not retaliate against you for filing a complaint.

Service Delivery Sites

This notice applies only to services delivered by or at sites operated by Saratoga Cardiology Associates, PC.

Organized Health Care Arrangement

Saratoga Cardiology Associates, PC participates in organized health care arrangements (i) with their medical staffs, and (ii) with their parent organization CHE-Trinity in order to jointly participate in utilization review and/or quality assessment activities.

Health Information Exchange

Saratoga Cardiology Associates, PC affiliates may store your health records electronically with Health Information Exchange of New York (HIXNY). If you sign a separate written consent, or in limited emergency circumstances, other health care providers will be able to access your information from HIXNY for the purpose of treating you. HIXNY has implemented administrative, physical and technical safeguards to protect the confidentiality and integrity of your information.

Providers and Affiliates, and Their Privacy Contact Officials

If you have any questions or concerns, or require assistance in exercising your privacy rights, you may contact our Office Administrator.

More About This Notice

This notice is effective October 1, 2014. We will provide you with a copy of this notice upon request. We may periodically change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time.

*Notice adopted and amended from our parent-St. Peter's Health Partners Medical Associates.
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