



River Region Cardiology

185 Mitylene Park Lane Montgomery, AL 36117
334-387-0948 Office 334-387-0955 Fax

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.

If you have any questions, please contact our Privacy Officer, at 334-387-0948.

Who will follow this notice?

Our office provides health care to our patients in partnership with other professionals and health care organizations. The information privacy practices in this notice will be followed by:

- Any health care professional who treats you in our office.
- All employed associates, staff or volunteer in our office with which we may share information.
- Any business associate or vendor with whom we share health information.

Our pledge to you.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain. We are required by law to:

- Keep medical information about you private.
- To give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

Changes to this Notice.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and exam rooms. You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of the current notice. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you.

- We may use and disclose medical information about you for **treatment** (such as sending medical information about you to another physician as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods).
- We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, funeral arrangement and organ donation, workers' compensation purposes, and emergencies**. We also disclose medical information when **required by law**, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
- We also may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you.
- We may disclose medical information about you to a friend or family member who is involved in your medical care, and/or to someone who helps pay for your care; or to a disaster relief authorities so that your family can be notified of your location and condition.