

Notice of Privacy Practices

Effective Date 4/15/2003

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 about this Notice, please contact the Privacy Officer at 540-373-1331.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices (Notice) applies to all of the records of your care generated by Cardiology Associates of Fredericksburg, Ltd. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Maintain the privacy of medical information that identifies you;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

TO WHOM DOES THIS NOTICE APPLY?

This Notice applies to health information used or disclosed in connection with your treatment at Cardiology Associates of Fredericksburg, Ltd.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We might use your medical information to write a prescription for you, or we might disclose your medical information to a pharmacy when we order a prescription for you. Many of the people who work for our practice including, but not limited to, our doctors and nurses, may disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to others who may assist in your care, such as your spouse, children, or parents.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at Cardiology Associates of Fredericksburg, Ltd. may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits). We may also provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.

For Health Care Operations. We may use and disclose medical information about you for Cardiology Associates of Fredericksburg, Ltd. operations. The uses and disclosures are necessary to run Cardiology Associates of Fredericksburg, Ltd. and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. In addition, we may use your medical information to conduct cost-management and business planning activities for our practice. We may also remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning of the specific patients.

Business Associates. We are permitted by law to utilize Business Associates to carry out treatment, payment or healthcare operations functions that may involve the use and disclosure of some of your health information. For example, we may use a billing service or accounting service to handle some billing and payment functions. We may also use health care consultants to assist us in improving or upgrading services we offer to patients. We will only use such Business Associates when we believe it to be the most effective means of carrying out permissible treatment, payment or health care operations functions. However, in any such instance, unless the disclosure of health information is to another health care provider for the purpose of providing treatment to you, we will have entered into a formal agreement with the Business Associate that requires the Business Associate to maintain the confidentiality of any patient information received and generally requires the Business Associate to limit its use of such information to only the purpose for which it was disclosed by us.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our practice.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition as directed by you. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Consent/Acknowledgement

Use and Disclosure of Protected Health Information

I understand that Cardiology Associates of Fredericksburg, Ltd. may use and disclose my protected health information for purposes of treatment, payment and health care operations. I also acknowledge that I have received, have been offered, or have received in the past a copy of the Practice's Notice of Privacy Practices, which provides information about how the Practice, and individuals involved in my care in the Practice, may use and disclose my protected health information. As provided in the Notice, the terms of the Notice may change. To obtain a copy of any current Notice, I understand that I can contact the Privacy Officer at 540-373-1331.

I understand that I have the right to request that the Practice restrict how my protected health information is used or disclosed for treatment, payment or health care operations, but I also understand that the Practice is not required to agree to a requested restriction. However, if the Practice does agree, it is bound by that agreement. I understand that I have the right to revoke this consent in writing at any time, except to the extent that the Practice, or individuals involved in my care in the Practice, have already used or disclosed protected health information in reliance on my prior consent.

Patient or Legal Surrogate

Date

Relationship to Patient

Witness

Date