

ICA Cardiology, PLLC
(P) (713) 790-9125
(F) (713) 790-1802

6550 Fannin Street
Smith Tower, Suite 2021
Houston, TX 77030

16659 Southwest Freeway
Medical Office Building 2, Suite 215
Sugar Land, TX 77479

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996, as may be amended from time to time, and regulations promulgated thereunder (collectively referred to as “HIPAA”), requires that we maintain the privacy of your personal health information and provide you with this notice about how we may use or disclose such information. You have the right to receive a paper copy of this notice at any time even if you have agreed to receive this notice electronically.

Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

Uses or Disclosures of Your Personal Health Information

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms of that permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

Without Your Consent. Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

As Required By Law. We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. Examples of instances in which we are required to disclose your personal health information include disclosures regarding victims of abuse, neglect, or domestic violence; judicial and administrative proceedings in response to an

order of a court or other lawful process; law enforcement purposes for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies; or to avert a serious threat to health or safety.

All Other Situations, With Your Specific Authorization. Except as otherwise permitted or required, as described above, we may not use or disclose your personal health information without your written authorization. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

Miscellaneous Activities, Notice. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Your Rights With Respect to Your Personal Health Information

Under HIPAA, you have certain rights with respect to your personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

Right To Request Restrictions On Use Or Disclosure: You have the right to make a written request to limit the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on your medical information that we disclose to someone involved in your care or the payment for your care, like a family member or friend. While we are not required to agree to any requested restriction, if we agree to a request for restriction, then we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right To Receive Confidential Communications: You have the right to receive confidential communications of your personal health information. You have the right to make a written request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations.

Right To Inspect And Copy Your Personal Health Information: You have the right of access in order to inspect and obtain a copy your personal health information contained in your medical and billing records that are held by the practice in a designated record set, unless in certain instances the law restricts or prohibits access. You have the right to see or get an electronic or paper copy of your records. We may require written requests. We may provide you with a summary of the personal health information requested, in lieu of providing

access to the personal health information or may provide an explanation of the personal health information to which access has been provided, if you agree in advance. We will provide you with access as requested in a timely manner. If you request a copy of your personal health information or agree to a summary or explanation of such information, we are allowed by law to charge a reasonable cost-based fee for labor, supplies, postage and the time to prepare any summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us.

Right To Amend Your Personal Health Information: You have the right to request that we amend your personal health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. We may require that you submit written requests and provide a reason to support the requested amendment. We have the right to deny your request for amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial. You have the right to submit a written statement disagreeing with the denial and you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services (“DHHS”). You may request that we include your request for amendment and the denial with any future disclosures of your personal health information that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. All requests for amendment shall be sent to **ICA Cardiology, PLLC 6550 Fannin Street, Smith Tower, Suite 2021 Houston, TX 77030.**

Right To Receive An Accounting Of Disclosures Of Your Personal Health Information: You have the right to make a written request for a list of certain disclosures of your medical information within a certain period of time. This list is not required to include all disclosures we make. For example, disclosure for treatment, payment, or practice administrative purposes, disclosures made to you or that you authorized are not required to be listed. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but may impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be sent to **ICA Cardiology, PLLC, 6550 Fannin Street, Smith Tower, Suite 2021 Houston, TX 77030.**

Complaints

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to our privacy officer, **Dennis Gabriel at ICA Cardiology, PLLC, 6550 Fannin Street, Smith Tower, Suite 2021 Houston, TX 77030** or dgabriel@icacardiology.com. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or these privacy practices. Generally, a complaint must be received by us or filed with the Secretary of DHHS

within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be denied care or retaliated against for filing any complaint.

Amendments to this Notice

We reserve the right to revise or amend this notice at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or, amendment. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: April 1, 2019