

The following information outlines Oracle Heart & Vascular's Patient Confidentiality Practices and includes a SUMMARY OF PRIVACY PRACTICES, USES & DISCLOSURES OF HEALTH INFORMATION and PATIENT RIGHTS. This notice describes how medical information about you may be used and disclosed, as well as ways you may access your information personally.

SUMMARY OF PRIVACY PRACTICES

We take very seriously the privacy of our patients and all health information that is private. The following information applies to all Protected Health Information (PHI) as defined by federal regulations. The proceeding pages describe our efforts to protect your PHI as well as information explaining your rights regarding your health information.

We are committed to protecting the privacy of information we gather about you while providing healthcare services. We further respect your discretion regarding the ways in which your information is shared with others. Except as described in this Notice of Privacy Practices and consistent with its legal obligations, our practice will not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

In certain circumstances, we may change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created, and/or received by us before the date changes were made.

For additional information or questions, please contact:

Kimberly Spring
Practice Administrator and Practice Privacy Officer
(855) 739-9953 (ex. 315)

USES & DISCLOSURES OF HEALTH INFORMATION

Treatment: We use medical information about you to provide you with our professional services. We disclose medical information to our employees and others who are involved in providing the care you need. We may share your medical information with other physicians or other health care providers, as well as pharmacist(s) who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick, injured, incapacitated or if you are deceased. We have established "minimum necessary or need to know" standards that limit various staff members' access to your health information according to their primary job functions. All our staff are required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or services to you. These professionals will have a privacy and confidentiality policy like this one. Health Information about you may also be disclosed to your family, friends, and/or other persons you choose to involve in your care, only if you agree that we may do so.

Change of Ownership: If this medical practice is sold or merged with another organization, your health information/record will become the responsibility of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Coroners: We may, and are often required by law, to disclose your health information to coroners for their investigation(s) of death(s).

Organ or Tissue Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition, or death. If possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions, or to lessen a serious and imminent threat to health or safety, we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We may use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical device(s) and healthcare staff, billing, schedulers, patient satisfaction, and individuals performing similar functions. We may also use and disclose your information as

USES & DISCLOSURES OF HEALTH INFORMATION (continued)

necessary for medical reviews, legal services, and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "Business Associates," such as our EHR company, that provides IT support services for our electronic health records system. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services.

Business Associates: We will obtain written agreements, or contracts from "Business Associates" who may be a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information (PHI) on behalf of, or provides services to our practice. We require each of our Business Associate(s) to also sign a confidentiality agreement to safeguard any PHI received, created, or maintained by them on behalf of this practice. Their use and disclosure of PHI is limited to the minimum necessary required for the performance of their contracted activities. The terms of the contract we use conform to HIPAA requirements. We reserve the right to terminate any such agreement or contract if we have reason to believe that the Business Associate has breached or violated the terms of the contract.

Reminders: We may use or disclose your health information to provide you with reminders, including, but not limited to, voicemail messages, texts, emails, postcards, or letters.

Marketing health-related services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

Payment: We may use and disclose your health information to seek payment for service we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Workers' Compensation: We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent workers' compensation covers your care, we will make periodic reports to your employer about your condition. Law also requires us to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Required by Law: We may use or disclose your health information when we are required to do so by law for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes. We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Judicial and Administrative Proceedings: We may, and are sometimes required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence, or other national security activities, we may disclose it to authorized federal officials.

Public Health Responsibility: We will disclose your healthcare information to report problems with products, reactions to medications, product recalls, disease/infection exposure, disaster relief, and to prevent and control disease, injury and/or disability.

PATIENT RIGHTS**Health Information**

Upon written request, you have the right to inspect and get copies of your health information. We will provide a copy or a summary and this can take up to 30 days from the time of your request. We may charge a reasonable, cost-based fee if applicable.

Amendments

You may submit a correction request regarding your health information that is inaccurate or incomplete. We will provide written or verbal notice within 30 days if your requests can not be fulfilled due to certain circumstances.

Communications

You may request a specific means of contacting you. For example, you may prefer to be reached by your cell phone only or office number or email.

Protections

You may request that certain health information for treatment, payment, or our operations not be shared. You may also ask us not to share information regarding services or health care items, that are paid for out-of-pocket, with your health insurer for payment or our operations. In some circumstances, we may not fulfill such requests, especially where compliance would affect the quality of your care or we are legally required to share that information.

Disclosures

You may request a list of instances in which we have disclosed your health information for purposes, other than treatment, payment, healthcare operations and other specified exceptions for the last six years. All additional requests will result in reasonable, cost-based fee.

Notice

You may request a paper copy of this notice at any time.

Acting on your behalf

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Complaint

You may file a complaint to us directly if you believe your rights have been violated. Please contact us directly:

Kim Spring

Practice Administrator

(855) 739-9953 ex315

kspring@magnusheart.com

Lori Reaves

Compliance Officer

(855) 739-9953 ex305

lreaves@magnusheart.com

You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

200 Independence Avenue, S.W.

Washington, D.C. 20201

(877) 696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints/

PRACTICE CONTACT INFORMATION

Fredericksburg Office

1300 Hospital Drive, Suite 302 | 22401

fax: (877) 916-0801

Woodbridge Office

2280 Opitz Boulevard, Suite 310 | 22191

fax: (866) 874-8633

(855) 739-9953 | www.magnusheart.com