

CARDIOLOGY AND TRANSPLANT ASSOCIATES

NOTICE OF PRIVACY PRACTICES

Effective date: November 1, 2010

Cardiology and Transplant Associates cares about the privacy and confidentiality of your information. To this end, we developed certain policies and procedures to help keep your information confidential. This Notice of Privacy Practices (Notice) gives a summary of those steps, explains your privacy rights, and gives you phone numbers and addresses you can use to ask questions or to make requests.

This Notice applies to all protected health information (PHI) for services provided at Cardiology and Transplant Associates

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to your medical information.
- Follow the terms of this Notice as long as it is in effect. If we revise this Notice, we will follow the terms of the revised Notice as long as it is in effect.

Cardiology and Transplant Associates maintains your medical information in a confidential manner, as required by law. However, we must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, we must share your medical information as necessary for treatment, payment and health care operations.

For example, we may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. We also communicate with your referring physician in the community, keeping him/her informed about your care. In addition, we may use your medical information as required by your health plan to obtain payment for your treatment and hospital stay. We also may tell your health plan about a treatment in order to obtain prior approval or to determine whether your health plan will cover the treatment. We may use and/or disclose your medical information to improve the quality of care delivered by us (e.g., for review, for education and training purposes and to run the day-to-day operations of Cardiology and Transplant Associates). We may disclose your health information to a business associate with whom we contract to provide services on your behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

Your Rights Regarding Your Medical Information

You have the following rights regarding your medical information, provided that you make a written request to invoke the right. Please send all written requests to Cardiology and Transplant Associates, 12234 Shadow Creek Pkwy, Suite 6106, Pearland, TX 77584. We will attempt to accommodate all reasonable requests, but in certain circumstances we may not be able to comply.

Right to Request Restriction. You have the right to request a restriction or limitation on 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 the medical information we disclose about you to someone who is participating in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a particular procedure that you have had. In your request, you must tell us: what information you want to limit; whether you want to limit our use or disclosure of the information or both; and to whom you want the limits to apply (e.g., disclosures to your spouse, etc).

Right to Request Alternate Communication Methods. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For

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example, you can ask that we only contact you by telephone at home or that we only contact you by mail. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request.

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. We may charge a reasonable fee, as allowed by law, for the costs of copying, mailing, or other supplies associated with your request.

Right to Request Amendment. If you feel that the information in your medical or billing records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us. Your request must include a reason that supports your request. We may deny your request if it does not contain a reason to support it, or if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by us; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is accurate and complete.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures made by us regarding your medical information. The accounting (or list) of disclosures will include: (1) the date of the disclosure; (2) the name of the entity or person who received the medical information and, if known, the address; (3) a brief description of the medical information disclosed; and (4) a brief statement of the purpose of the disclosure. However, this list will not include, for example, disclosures made to carry out treatment, payment, or health care operations, nor will it include disclosures made pursuant to a valid authorization. To request this list, you must submit your request in writing to us. Your request should state a time period that may not be longer than six (6) years and may not include dates before November 1, 2006. We may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time and before any costs are incurred.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

How We May Use/Disclose Your Protected Health Information

Without your specific authorization, your medical information may be used and/or disclosed, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

Appointment Reminders. We may contact you to provide appointment reminders.

Treatment Information. We may contact you with information about treatment alternatives or other health-related benefits or services that may be of interest to you.

Family and Friends. If you agree, we may disclose your medical information to family members, other relatives, or close personal friends when the medical information is directly relevant to that person's participation with your care.

Public Health/Health Oversight Activities. We may disclose your medical information for public health activities, including for the reporting of disease, injury, vital events, and for the conducting of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including for audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings or actions.

Disaster Relief/Public Safety. We may use or disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to

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assist in disaster relief efforts. We may also use or disclose your medical information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Coroners, Medical Examiners, and Funeral Directors. We may disclose your medical information to a coroner, medical examiner, or a funeral director.

Organ Donation. If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Disclosure When Required or Allowed by Law. We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or a determination of our compliance with relevant laws. In accordance with federal and state law, we may disclose your medical information when it concerns abuse, neglect, or domestic violence to you. We may disclose your medical information for law enforcement purposes or other specialized governmental functions, including but not limited to national security, intelligence activities, and for the provision of protective services to the President. We may disclose your medical information in the course of certain judicial or administrative proceedings. We may also disclose your PHI in other instances not listed above as required or allowed by applicable laws and regulations.

Your Authorization Is Required for Other Uses or Disclosures:

The use or disclosure of your medical information for other purposes or activities, not listed above, will be made only with your written authorization (permission). If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. The revocation will not apply to the disclosures we have already made with your permission.

Changes to This Notice

We reserve the right to change this Notice. The revised or changed Notice will be effective for medical information we already have about you as well as any information we receive in the future.

Privacy Complaints/Questions

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint. To file a complaint with us, contact Cardiology and Transplant Associates 12234 Shadow Creek Pkwy., Suite 6106, Pearland, TX 77584. All privacy complaints must be submitted in writing. Should you have any questions about the contents of this Notice, please contact us.