



## SUMMARY OF NOTICES OF PRIVACY PRACTICES

Effective date: January 20, 2015

Reviewed and Revised: February 4, 2020

This notice describes how medical information may be used and disclosed and how you may gain access to this information. **PLEASE REVIEW IT CAREFULLY**

We understand that the health information about you and your health is personal. We are committed to protecting your personal health information. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office, whether made by your physician or by others working in this office. This notice will tell you about the ways in which we may use and disclose your health information. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

### We are Required by Law to:

- Make sure the health information that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the notice that is currently in effect.

### How We May Use and Disclose Health Information About You:

- For Treatment
- For Payment
- For Healthcare Operations
- For Appointment Reminders
- As Required by law
- To Avert a Threat to Health and Safety
- Public Health Risks, Health Oversight Activities
- Security Officials for Inmates
- Lawsuits and Disputes
- Law Enforcement, National Security, Intelligence Activities
- Coroners, Health Examiners, and Funeral Directors
- Organ and Tissue Donation
- Business Associates, Judicial and Administrative Proceedings



### Your Rights Regarding Your Health Information About You:

- Right to request restrictions
- Right to request confidential communications
- Right to inspect and copy
- Right to a summary of PHI
- Right to an electronic copy of PHI
- Right to breach notifications
- Right to request amendment
- Right to accounting of disclosures.
- Right to a paper or electronic copy of this notice

We have available a detailed copy of privacy practices which fully explains your rights and our obligations under the law. We reserve the right to change this notice. You have a right to obtain a copy of our most recent notice in effect. Please ask our front desk if you wish to receive a full copy of our current notice of privacy practices. It is made available to you in our waiting area or can be mailed to your home.

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please contact the privacy officer at the location you receive services to file a complaint. You may also refer to the full copy of our Privacy Practices for the government contact to file any official complaints.



BUCKEYE HEART AND VASCULAR INSTITUTE  
PRIVACY AND HIPPA STATEMENT

I agree I have received a copy of Buckeye Heart and Vascular Institute's Privacy Policy that states they are in compliance with HIPPA rules and regulations.

Please list the family members (if any) that we may inform about your general medical condition, diagnosis, treatments, payments, and appointments.

---

Name/ Relationship

Phone Number

---

Name/ Relationship

Phone Number

Can we leave confidential messages (appointments reminders, test results, etc.) on your answering machine or voicemail?

**Please circle one:**    YES    NO

If requested by another physician, physician's office, hospital, and/or Insurance Company, may we fax your medical records?

**Please circle one:**    YES    NO

---

Patient Signature

Date

---

Printed Patient Name