



Notice of Privacy Practices for Protected Health Information (HIPAA)

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You May Get Access To This Information. Please Review It Carefully!

We Safeguard Information about Your Health and Person:

We collect information from you and store it on a secure computer. Service technicians may have access to the computer, but only for service of computer operations. All service technicians are required to sign a agreement recognizing the security and confidentiality of your electronic patient records.

Typical Uses and Disclosures of Medical Information:

We collect medical information from you. Within our office, we restrict the disclosure of this information to doctors, nurses, technicians and insurance and billing personnel. We may use your medical information for treatment and care, payment to insurers and for healthcare operations. Outside our office, we restrict the disclosure to those people, entities and agencies for whom you authorize disclosure such as other healthcare providers (doctors, nurses, extended care facilities), insurance companies, billing agencies, hospitals and surgery sites, or those agencies and entities for whom legal and administrative requirements demand disclosure such as:

- ✓ When required by law
- ✓ Public health activities (deaths, child abuse, neglect, domestic violence, problems with products, reactions to medications, product recalls, disease/infection exposure, disease/injury/disability control/prevention)
- ✓ Health oversight activities (audits, investigations, inspections)
- ✓ Judicial and administrative proceedings (court order)
- ✓ Appropriate law enforcement requests (to identify or locate a suspect, fugitive, material witness, or missing person)
- ✓ Deceased person information to coroners, medical examiners, funeral directors.
- ✓ Organ and tissue donation
- ✓ Research, provided authorization is IRB-approved or privacy board-approved
- ✓ Emergencies or to avert serious threat to health or safety
- ✓ Specialized government functions (military, inmates)
- ✓ Worker's compensation
- ✓ Disaster Relief

We will not use or disclose your medical information for any purpose not listed without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

Effective Date of Notice: January 2005

Amended Date: September 2010



Patient Privacy Rights

You Have The Right To:

- ✓ Inspect and copy medical information from your chart. You may submit a written request to our office and pay the copy fee and receive a copy of your record. We must respond within 30 days if the record is readily available and within 60 days if it is not readily available.
- ✓ Amend medical information in your chart. You may identify inaccurate or incomplete information in your chart. You can do this with a written request to amend your chart directed to our office. We must respond within 60 days.
- ✓ Receive an accounting of any disclosures made from your record over the last six years, starting April 14, 2003. You can get this with a written request directed to our office. We must respond within 60 days.
- ✓ Request restrictions as the amount of medical information we disclose. This is limited as noted above, and your request may not supersede the typical disclosures noted above. You may revoke or restrict consent. We cannot disclose self-pay services if you object.
- ✓ Request confidential communications. All communications in our office are confidential. You may specifically-request that all communications be confidential with a written request directed to our office.
- ✓ Not have your protected health information sold for marketing purposes.
- ✓ Opt out of receiving fund-raising communications
- ✓ Receive a copy of this notice by printing it or with a written request directed to this office, and a copy of this notice will be given with all new patient packets.

We May Contact You For Appointment Reminders and we may provide you with information about health-related or product benefits and services.

Each patient is given a copy of the Privacy Notice and an opportunity to review and understand it.

Our Responsibilities under HIPAA:

- ✓ We are required by Law to maintain the privacy of your personal health information, and to provide you notice of our legal duties and privacy practices and adhere to this notice.
- ✓ We reserve the right to make changes to this notice. We will post a notice that the notice has been changed and the effective date of the change, copies will be made available.

You can submit a complaint about our privacy policy or its execution either verbally or in writing to our PRIVACY OFFICER at:

The SWICFT Institute
625 9th Street N., Suite 201
Naples, Florida 34102
Phone: (239) 261-2000 Fax: (239) 261-2266

If you get no resolution to your complaint, you can send written statement to this office or the Secretary of Health and Human Services



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625 9th Street North
Suite 201
Naples, FL 34102
239.261.2000 Phone
239.261.2266 Fax

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This certifies that I have been given a copy of the SWICFT Institute's Notice of Privacy Practices for Protected Health Information (HIPAA) and Patient Privacy Rights.

Your physician also has remote access to the electronic medical record of the NCH Healthcare System and can view any testing or treatments provided to you at an NCH facility. Your permission is required to allow your physician remote access to your medical records. I therefore hereby authorize the physicians of the SWICFT Institute listed above access to my NCH medical record for care or treatment.

I am aware that I may contact the SWICFT Institute Privacy Officer at any time if I have questions regarding my personal chart and its contents.

Signature of Patient

Date

Patient Name (Printed)

Date of Birth