



### **Welcome to Heart Rhythm Solutions!**

Maintaining patients' privacy is part of Heart Rhythm Solution's (HRS) mission to serve the needs of patients first. We are happy to provide you with this copy of HRS' *Notice of Privacy Practices*. We hope it will answer any questions about how HRS uses patient medical information, otherwise known as protected health information (PHI).

### **The Health Insurance Portability and Accountability Act (HIPAA)**

The federal government has rules for the use and protection of medical and health information (PHI) by hospitals, clinics, and medical practices. The rules are a result of the 1996 Health Insurance Portability and Accountability Act (HIPAA). They are meant to provide all patients in the United States with standard privacy protections. In addition to HIPAA, the Florida Information Protection Act of 2014 (FIPA) requires that covered entities take reasonable measures to protect and secure data containing personal information.

These laws require HRS to provide patients with a *Notice of Privacy Practices* to explain how your information is used, and to keep records showing that you have received our notice.

In accordance with federal and state government rules, please sign the *Authorization for Disclosure of Protected Health Information* form that follows this notice. Signing this form will show that you have received our *Notice of Privacy Practices*. It will in no way affect the care you receive at HRS. If you have questions about this *Notice of Privacy Practices*, please feel free to contact the HRS privacy officer listed in the final section of this notice.

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Heart Rhythm Solutions (HRS) must keep protected health information (PHI) private. The federal government defines PHI as any information, whether oral, electronic, or paper, which is created or received by HRS and relates to a patient's physical or mental health or condition, or payment for the provision of medical services. This includes not only the results of tests and notes written by doctors, nurses and other clinical personnel, but also certain demographic information (e.g., your name, address and telephone number) that is related to your health records. Electronic health records allow us to share and exchange health information among our personnel and other health care providers who are involved in your care. When we enter your information into an electronic health record (in our EMR database), we may share that information as permitted by law by using shared clinical databases and health information exchanges. We may also receive information about you from other health care providers who are involved in your care by using shared databases or health information exchanges.

HRS is required by law to give you this notice and to follow the terms and conditions of the notice that is currently in effect. HRS is required by law to report "breaches" (see *definitions*) of unsecured PHI to Federal and State agencies. Notice to an affected individual shall be written or electronic, and sent to a mailing or email address listed in our electronic database.

**How Heart Rhythm Solutions (HRS) fulfills these duties**

- ♥ HRS takes necessary precautions against inappropriate use or disclosure of PHI by ensuring the confidentiality, integrity, and availability of all electronic PHI created, received, maintained, or transmitted by HRS. HRS takes necessary precautions to protect against any reasonably anticipated threats or hazards to the security or integrity of PHI.
- ♥ HRS employees are expected to access PHI only as necessary to perform their jobs. All HRS employees take necessary precautions to protect PHI for reasonably anticipated uses, and against disclosures of PHI that are not permitted or required.
- ♥ HRS employees who violate these rules and policies are subject to sanctions, including discipline and termination.

**The Health Care Providers Covered By This Notice**

This notice covers Heart Rhythm Solutions (HRS) doctors, personnel, volunteers, students, interns, and trainees. The notice also covers other health care providers that come to HRS offices



or facilities to care for patients (such as physicians, physician assistants, therapists, certified medical assistants, and other health care technicians) not employed by Heart Rhythm Solutions, unless these other health care providers give you their own notice of privacy practices that describes how they will protect your protected health information.

Federal and state laws require Heart Rhythm Solutions (HRS) to protect your medical information and federal law requires HRS to describe to you how we handle that information. When federal and state privacy laws differ, and the state law is more protective of your information or provides you with greater access to your information, then state law will override federal law.

## **PART I**

**This section describes the most common circumstances in which Heart Rhythm Solutions may use, disclose, or receive protected health information (PHI).** The notice does not include an exhaustive list of specific situations in which we may use, disclose, or receive your PHI. However, each situation will fall into at least one category described in this notice.

### **Treatment**

Heart Rhythm Solutions (HRS) will use and disclose protected health information (PHI) to provide you with medical treatment, services, and to coordinate or manage your care. This includes communication and consultation between health care providers such as doctors, nurses, technicians, and other members of your medical team. We may disclose medical information about you to HRS doctors, physician's assistants, nurses, medical assistants, technicians, healthcare students, as well as hospital personnel involved in your care. For example, doctors treating patients for heart conditions may need full access to medical records to learn of any medical conditions that could affect the healing process. Hospitals may share PHI about you with HRS in order to coordinate your medical needs, such as prescriptions, lab work, and other tests. This notice applies to disclosures for treatment purposes to health care providers both within and outside of HRS. For example, following a procedure, your records may be shared with your insurance company, cardiologist, and primary care physician. This information is shared between health care providers to ensure continuity of care. Florida law requires patient consent for such disclosures for treatment purposes unless the disclosure or consent is not possible due to a medical emergency.

### **Payment**

Heart Rhythm Solutions (HRS) may use and disclose protected health information (PHI) about you so that treatment and services you receive may be billed to you, an insurance company, or a



third-party. PHI may be used to create bills and collect payment from insurance companies, Medicare and other payers. For example, we may need to give your health plan information about care you received so that your health plan will pay HRS or reimburse you for the care. This may include providing information such as dates of service, symptoms, and diagnosis to your insurance company to show that HRS provided medical services to you. HRS also may disclose protected health information to another health care provider if such information is needed by the other health care provider to obtain payment for medical services provided to you. For example, we may share the name of your insurance company with doctors that treat you during in-patient hospital stays, as well as hospital billing personnel. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

### **Health Care Operations**

Heart Rhythm Solutions (HRS) will use and disclose protected health information (PHI) if it is necessary to improve the quality of care we provide to patients. Your PHI may be used in activities to monitor and improve patient care, preparation for state and federal regulatory reviews, training HRS health care and non-health care professionals, evaluation of HRS personnel, management of health care operations, and to improve our services. Examples:

- ♥ To reduce the infection rate after a surgery, it would be necessary to look at medical records to determine the rate of infections that occurred.
- ♥ A Federal Drug Administration inspector may review patient records to ensure that accurate and complete records are maintained for patient safety.

HRS may also disclose protected health information to another health care provider who has treated you, or to your insurance company, if such information is needed for certain health care operations of the health care provider or insurance company, such as quality improvement activities, evaluations of health care professionals, and state and federal regulatory reviews.

### **Patient Contacts**

At times, Heart Rhythm Solutions (HRS) may access information, such as your name, address, and general medical condition to contact you to:

- ♥ Set up or remind you about future appointments;
- ♥ Provide information about treatment; or,
- ♥ Provide other information that you have specified may be of interest to you.\*

HRS does not sell or rent patients' names or addresses to any organization outside of HRS. Florida law generally requires patient consent for entities to contact their patients for purposes of providing information regarding treatment alternatives, services, or goods. \*See *Patient*



Contacts on the *Authorization for Disclosure of Protected Health Information* form attached this notice to consent to contact for other information that you have specified may be of interest to you.

### **Family Members and Others Involved in Your Care**

Heart Rhythm Solutions (HRS) may disclose relevant protected health information (PHI) to a family member or friend who is involved with your care. We find that many patients want us to disclose PHI to their family members and friends to keep them up-to-date on your care, to help you understand your care, to help in handling your bills, or to help in the scheduling of your appointments. If family members or friends are present while care is being provided, HRS will assume your companions may hear the discussion, unless you state otherwise. If you do not want HRS to disclose your PHI to your family members or others who are involved with your care or handling your bills, please inform the person assisting you during registration, surgery admission, or office check-in. If you want HRS to disclose PHI to members of your family, friends, or others, we ask that you list these individuals by name and/or title (e.g., clergy) on the *Authorization for Disclosure of Protected Health Information* form attached to this notice. HRS may also disclose your protected health information to a personal representative who has authority to make health care decisions on your behalf. Some PHI, such as certain genetic information, drug and alcohol abuse treatment rehabilitation information, HIV test results, and behavioral health treatment information, is entitled to special restrictions by state and/ or federal laws.

## **Part II**

**This section describes less common circumstances in which Heart Rhythm Solutions (HRS) may use or disclose protected health information (PHI).**

### **Disaster Situations**

In a disaster situation, HRS may disclose relevant PHI to disaster relief organizations to help locate your family members or friends, or to inform them of your location, condition, or death.

### **To Avert a Serious Threat of Harm**

HRS may use and disclose PHI to alert those able to prevent or lessen a serious and immediate threat to the health or safety of a patient, another person, or the public.

### **Organ and Tissue Donation**

If HRS professionals determine that a patient might be a candidate for organ or tissue donation, they may release PHI to organizations that handle organ procurement, organ, eye, tissue donation banks, or organizations that make organ or tissue donation or transplantation possible.



**Military Personnel:** If a patient is a member of the United States Armed Forces, HRS may release PHI as required by military authorities. HRS also may release PHI about foreign military personnel to appropriate foreign military authorities. When a military organization is sponsoring a medical evaluation, PHI is shared with the patient and the sponsoring organization.

### **Workers' Compensation**

Heart Rhythm Solutions may disclose protected health information for workers' compensation or similar programs as authorized or required by law.

### **Public Health Purposes**

Heart Rhythm Solutions (HRS) may disclose protected health information (PHI) for public health purposes. The following are examples of releases that are allowed for public health purposes:

- ♥ To report vital statistics (e.g., births, deaths);
- ♥ To report to adverse reactions to medication or safety problems with FDA-regulated products;  
or
- ♥ To notify people of product recalls; and to report communicable diseases to local, county, state, and federal health officials.

### **Health Oversight Activities**

HRS may disclose PHI to health oversight agencies that monitor our compliance with state and federal laws. For example HRS may need to disclose PHI to state agencies that oversee our health care facilities or licensed health care personnel (e.g., Department of Health, Medical Board, Nursing Board), or to federal agencies that oversee Medicare.

### **Lawsuits and Other Judicial Proceedings**

HRS may disclose PHI in response to a valid court or administrative order. HRS also may disclose PHI in response to certain subpoenas, discovery requests, or other lawful processes.

### **Coroners and Medical Examiners**

HRS may release PHI to a coroner or medical examiner when necessary to identify the deceased, determine cause of death, or as otherwise authorized by law.

### **Law Enforcement Activities**

HRS will use or disclose PHI when required by federal, state, or local laws. Examples:

- ♥ To report gunshot wounds or other injuries that may have resulted from unlawful acts;
- ♥ To provide information about victims of a crime under certain limited circumstances;
- ♥ In response to a valid court order, grand jury subpoena, or search warrant;



- ♥ When a crime is committed on Heart Rhythm Solutions premises;
- ♥ To report suspected abuse or neglect of a child or vulnerable adult;
- ♥ If a death is believed to be a result of criminal conduct; or
- ♥ To identify a suspect, fugitive or missing person.

As permitted by law, HRS may make a report to the Department of Transportation regarding a patient's ability to drive when the report is necessary to prevent or lessen a threat to the health or safety of a person or the public.

### **National Security Activities**

HRS may release PHI to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

### **Uses and Disclosures Pursuant to an Authorization**

Heart Rhythm Solutions (HRS) will not use or disclose your protected health information (PHI) without your specific written authorization, except as described in this notice, or if specifically required or permitted by law. At times, HRS may ask you to provide specific written permission to allow use or disclosure of PHI about you. HRS will not use or disclose your PHI for marketing purposes, in exchange for remuneration, or use or disclose any psychotherapy records about you unless HRS receives your authorization to do so.

### **Information with Additional Protections**

Certain types of PHI may have additional protection under federal or state law. For example, PHI about mental health, HIV/AIDS, and genetic testing results are treated differently than other types of PHI under certain state laws. Florida law does not allow the disclosure of information regarding substance abuse to any law enforcement officer or agency unless you have authorized the disclosure. Florida law requires explicit consent for disclosures of PHI for national security and law enforcement purposes, unless the disclosure is authorized or required by law, or in response to a valid court order or warrant. HRS will notify patients regarding disclosures of PHI for any of these purposes and obtain explicit consent when required by state or federal laws.

## **Part III Patients' Rights**

### **Revocation**

A valid authorization may be revoked in writing at any time. Written revocation of authorization must be submitted to the HRS Privacy Officer. Once the authorization is revoked, HRS will no longer be allowed to use or disclose PHI for the purposes described in the authorization except to the extent the HRS has already taken action based upon the authorization.



**Right to Inspect and Copy:** You have the right to inspect and to request a copy of information maintained about you in HRS' designated medical record. This includes medical and billing records maintained and used by HRS to make decisions about your care. To obtain or inspect a copy of your PHI, submit a written request to the HRS Privacy Officer. On rare occasions, HRS may deny a request to inspect and receive a copy of some information in your medical record. For example, this may occur if, in the professional judgment of a patient's physician, the release of information might endanger the physical safety of the patient or others.

### **Right to Request Alternate Methods of Communication**

You have a right to request that HRS communicate with you in certain ways (e.g., by letter or by phone) or at a certain location. For example, you may ask that we contact you only at home or only at your place of business. You may specify alternate methods of communication on the last page of the *Authorization for Disclosure of Protected Health Information* form. HRS will not ask you the reason for your request. If your preferred communication method or location changes, you may submit a written request specifying the new communication method or alternative location. Send your request to the HRS Privacy Officer. HRS will accommodate reasonable requests. However, if the request could result in significant administrative burden, HRS reserves the right to ask for additional information about how payment for services will be handled.

### **Right to Request Amendment**

You have the right to request an amendment to your protected health information in HRS' designated medical record for as long as the information is maintained. If you wish to request amendment of the information in your record, submit a written request to the HRS Privacy Officer. The request must include a reason to support the amendment. HRS may deny a request for amendment based upon any of the following circumstances:

- ♥ The information in the record is accurate and complete;
- ♥ The information is not part of the designated medical record;
- ♥ The request is not in writing or does not include a supporting reason; and
- ♥ The information you want to change was not created by HRS, and the originator of the information is not available to make the amendment.

If HRS denies your request for an amendment, you will be given a written explanation for the denial. If you still disagree with the explanation provided, you can submit your written disagreement to HRS as referenced above, or you can ask that your request for amendment and explanation of the denial, or an accurate summary of such information, be included in any future disclosure of the pertinent protected health information. If you submit a statement of



disagreement, HRS may include a rebuttal statement addressing your statement of disagreement in the designated medical record.

**Right to a List of Certain Disclosures:** You can ask Heart Rhythm Solutions (HRS) for a list of the persons or organizations to which HRS has disclosed your protected health information. This list would provide you with a summary of certain disclosures HRS has made that you would not otherwise be in a position to know about. The following are examples of disclosures that would not be included in the list:

- ♥ Disclosures to persons involved in your care;
- ♥ Disclosures made from the electronic medical records database;
- ♥ Disclosures made for national security or intelligence purposes;
- ♥ Disclosures to carry out treatment, payment, and health care operations;
- ♥ Disclosures made directly to you, or disclosures that you have specifically authorized;
- ♥ Disclosures incident to a use or disclosure that is otherwise permitted/required by law; and
- ♥ Disclosures made to correctional or law enforcement officials having custody over a patient.

To obtain a copy of the list, submit a written request to the HRS Privacy Officer. Your request must state a time interval (no earlier than 2015 – the first year HRS may have saved your medical records, and no longer than 6-years), and the form of delivery (i.e., paper or electronic).

### **Right to Request Restrictions**

You can ask HRS to restrict the use or disclosure of protected health information about you for treatment, payment, or health care operations. Your request must be in writing and submitted to the HRS Privacy Officer. Your request must include the specific information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply (e.g., disclosures to a family member, or particular entity). HRS will carefully consider all requests. However, because of the integrated nature of HRS' medical records, HRS is not generally able to honor most requests, nor is HRS legally required to do so. If you or someone on your behalf pays for a health care item or service in full, you can request that HRS not disclose information about the item or service to your health plan for payment or health care operations purposes, and HRS will agree to your request unless required by law to make the disclosure.

### **Right to Notice of Privacy Practices**

You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically. To obtain a paper copy of this notice, submit a written request to the HRS Privacy Officer, email your request to: [contact@heartrhythmsolutions.com](mailto:contact@heartrhythmsolutions.com), or drop by the office and ask for a copy.



## Complaints

If you want to file a complaint or express concerns about HRS' use or disclosure of PHI, please contact the HRS Privacy Officer. You may also file a written complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. HRS honors your right to express concerns regarding your privacy. HRS cannot take action against you for filing a concern or complaint regarding the use, disclosure, and rights of your PHI.

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## Key Information about this Notice

The effective date of this revised notice is listed on the first page of this Notice. HRS may change its practices concerning how we use or PHI, or how we will implement patient rights concerning PHI. HRS reserves the right to change the terms of this Notice and make the new Notice provisions effective for all PHI maintained by HRS. When this Notice is revised, it will be posted at HRS offices. It will also be available upon request via email, or you may ask for a copy at the office.

If you have any questions, or would like to discuss this notice in more detail, please contact the **Privacy Officer for Heart Rhythm Solutions: Awais K. Humayun, 4420 Sheridan Street, Suite C, Hollywood, Florida, 33021.**

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## Definitions

“**Breach**” means unauthorized access of data in electronic form containing personal information. Good faith access of personal information by an employee or agent of a covered entity does not constitute a breach of security, given the information is not used for purposes unrelated to business or subject to further unauthorized use.

“**Covered entity**,” means a sole proprietorship, partnership, corporation, trust, estate, cooperative, association, or other commercial entity that acquires, maintains, stores, or uses personal information.

“**Patient records**” means any material, regardless of physical form, on which personal information is recorded or preserved by any means, including, but not limited to, written or spoken words, graphically depicted, printed, or electromagnetically transmitted that are given to a covered entity for purposes of purchasing a product or service.

“**Data in electronic form**” means any data stored electronically or digitally on any computer system or other database and includes recordable tapes and other mass storage devices.

“**Personal information**” means either of the following: (a) an individual's first name or initial and last name in combination with any of the following data elements for that individual (social



security number, driver's license or identification card number, passport number, military identification number or similar number issued on a government document used to verify identity, financial account number or credit/debit card number in combination with any required security code, access code, or password that is necessary to permit access to an individual's financial account, any information regarding an individual's medical history, mental or physical condition, medical treatment or diagnosis by a health care professional, an individual's health insurance policy number or subscriber identification number, and any unique identifier used by a health insurer to identify the individual); and (b) a username or email address, in combination with a password or security question and answer that would permit access to an online account. This does not include information about an individual that has been made publicly available by a federal, state, or local governmental entity. Personal information does not include information that is encrypted, secured, or modified by any other method or technology that removes elements that personally identify an individual or that otherwise renders the information unusable.