Zia Roshandel, M.D., F.A.C.C.

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information.

Please review it carefully

- ❖ Blue Ridge Cardiovascular Associates may use and disclose protected health information for treatment, payment and healthcare operations. Treatment examples include, but are not limited to, referrals to other providers for treatment. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers; collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance including auditing of records.

- ❖ Blue Ridge Cardiovascular Associates is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. Two examples of such are for public health uses or court orders.

- ❖ An authorization from the patient is required for uses or disclosures for marketing purposes and for any disclosure constituting the sale of protected health information. No other use or disclosure of a patient's protected health information will be made without the individual's written authorization. Such authorization may be revoked at any time. Revocation must be written.

- ❖ Patients have the right to opt out of any communication involving fundraising. In the event of a breach of unsecured protected health information, a notification will be provided.

- ❖ Blue Ridge Cardiovascular Associates will abide by the terms of the notice currently in effect at the time of the disclosure.

- ❖ Blue Ridge Cardiovascular Associates reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains. Blue Ridge Cardiovascular Associates will provide each patient with a copy of any revisions of its Notice of Information Practices at the time of their next visit, or at their last known address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our office.

- ❖ Any patient, guardian or personal representative has the right to object to the use of their health information for directory purposes.

- ❖ Any patient, guardian or personal representative has the right to inspect and obtain their medical record.

- ❖ Any patient, guardian or personal representative has the right to request amendments be made to their medical record.

- ❖ Any patient, guardian or personal representative has the right to request a six-year accounting of all disclosures of their medical record. The history will be provided within 60 days of the request and a reasonable charge may be assessed for any copies after the first requested in a 12-month period.

- ❖ Any patient, guardian or personal representative has the right to request restrictions as to how their health information may be used or disclosed to carry out treatment, payment or healthcare operations. The Practice is not required to agree to the restrictions requested except for a request for a restriction on a disclosure to a health plan where services have been paid in full, out-of-pocket; but if the Practice does agree, the Practice must abide by those restrictions.

- ❖ Any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, please contact the Privacy Officer at the address and/or phone number listed above. All complaints will be addressed and the results will be reported to the Privacy Officer.

- ❖ It is the policy of Blue Ridge Cardiovascular Associates that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

Name of Patient:_____ Date Of Birth:_____

Signature of Patient or Parent/Guardian:_____ Date:_____