

## Introduction

At the Skyline Cardiovascular Institute, PLC, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies describes the personal information we collect and how and when we use or disclose that information. This notice applies to all protected health information as defined by federal regulations.

## Understanding Your Health Record

Each time you visit Skyline, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communicating among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify the services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- And a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your health record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where and why others may access your health information; and make more informed decisions when authorizing disclosure of the information to others.

## Your Health Information Rights

Although your health record is the physical property of SCI, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice upon request,
- Inspect a copy of your health record as provided for in 45 CFR 164.528,
- Amend your record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communication of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522,
- And revoke your authorization to use or disclose health information except for actions already taken.

## Our Responsibilities

Skyline is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction,
- And accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to you, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also stop using or disclosing your health information after we receive a written revocation of the authorization according to the procedures included in the authorization.

**SKYLINE  
CARDIOVASCULAR  
INSTITUTE, PLC**



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## Examples of Disclosures for Treatment, Payment and Operations

*We will use your health information for treatment.*

For example: Information obtained by a physician, nurse or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. These men and women will then record the actions they take and their observations. In that way, the physician will know how well you are responding to treatment.

We will also provide your physician or a subsequent health care providers with copies of various reports that should assist them in treating you once you are discharged from this clinic.

*We will use your health information for payment.*

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures and supplies used.

*We will use your health information for regular health operations.*

For example: Members of the medical staff, the operations team or members of a quality improvement team may use the information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business associates: There are some services provided by Skyline through contacts with business associates. Examples include billing services, subcontractors, certain laboratory tests and clerical and copy services. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do and bill your third-party payer for the services rendered, when appropriate. To protect your health information, however, we require the business associate to safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, relative, close personal friend or another person you identify, health information relevant to their involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an appropriate authority after reviewing the research proposal and establishing protocols to ensure the privacy of your health information.

Organ procurement organizations: Consistent with the law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects or post-marketing surveillance information to enable product recalls, repairs or replacements.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar legal programs.

Public health: As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law also makes provision for health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

## For More Information Or To Report a Problem

If you have questions and would like additional information, contact the clinic at your convenience.

If you believe your privacy rights have been violated, you can file a complaint with the clinic or with the U.S. Department of Health and Human Services' Office for Civil Rights. There will be no retaliation for filing a complaint with either the clinic or the Office for Civil Rights. The address for the OCR is as follows:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201