

NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of Protected Health Information and to describe how medical information about you may be used and disclosed, and how you can get access to this information.

Protected Health Information is information that individually identifies you and that we create or obtain from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to 1) your past, present, or future physical or mental health or conditions, 2) the provision of health care to you, or 3) the past, present or future payment for your health care.

The Lown Cardiovascular Group may use and disclose your health information for the following purposes:

- For treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services (for example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you; or to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you). Your protected health information is kept in paper and electronic form in the Lown Cardiovascular Group and on the Partners Healthcare computer system. Information maintained in the Partners Healthcare electronic medical record system is also covered by the Privacy Policies of the Partners Healthcare network.
- For payment: your protected health information will be used, as needed, to obtain payment for your health care services. This may include such activities as determining eligibility or coverage for insurance benefits, and undertaking utilization review activities (for example, to obtain approval for a hospital admission).
- For healthcare operations: We may use or disclose your health information, as needed, in order to support the business activities of the practice (some examples are monitoring the quality of treatment and services; training health professionals; reviewing medical records for completeness and accuracy; transcription services; sending (or making telephone calls for) appointment reminders; registration or insurance updates; pre-procedure authorizations). Some of the information is shared with outside parties who perform these health care operations or services on behalf of Lown Cardiovascular Group (“business associates”). These business associates must also take steps to keep your health information private. We may also use your demographic information for sending you a newsletter, or for development purposes.

- Minors: We may disclose the protected health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- To help with public health and safety issues
- Respond to lawsuits and legal actions
- We will notify you in the event of a breach of your health information.

Other permitted and required uses and disclosures that may be made with your consent, authorization, or opportunity to object:

- We may use and disclose your protected health information to a member of your family, a relative, a close friends, or any other person you identify who is involved in your health care, unless you object. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if your physician determines that it is in your best interest based on his/her professional judgment. We may use or disclose your protected health information in other situations, for example; in an emergency treatment situation; if there is a substantial communication barrier; to a coroner, medical examiner, or funeral director to perform their duties as authorized by law; to researchers when their research has been approved by an institutional review board and the privacy of your protected health information is ensured; for law enforcement authorities to carry out their duties; to appropriate military command authorities for individuals who are Armed Forces personnel; to comply with workers' compensation laws and other similar legally-established programs; if you are an inmate of a correctional facility; other requests as required by law.
- For fundraising activities: we may contact you to support the Lown Cardiovascular Group and its mission of providing excellent care; such information is limited to demographic or other information allowed by law (such as name, address, email information, health insurance status, dates of service, treating physician information). You have the right and regular opportunities to opt out of receiving such communications. Your decision will have no impact on your treatment or payment for services.
- Other uses and disclosures will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke such authorization at any time, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- You may ask to inspect or receive an electronic or paper copy of your medical record and other health information (we are required to provide a summary or copy within 30 days of your request, and may charge a reasonable, cost-based fee).

- Request a restriction on certain uses and disclosures of your information (for example, to family members, or other relatives); however, the Lown Cardiovascular Group is not required to agree to a requested restriction. To request a restriction on who may access your protected health information, you must submit a written request to the Privacy Officer. If a restriction is agreed to, we must put the restriction in writing and abide by it, except if you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information for the purposes of payment with your health insurer (unless a law requires us to share that information).
- You may ask us to amend health information about you that you think is incorrect or incomplete. Your request for amendment must be in writing, with the reason why you want the change. We may deny your request; if so, you will be given a written statement with the reasons for denial, and what other steps are available to you.
- You may ask to be contacted in a specific way (for example, home or cell phone) or to send mail to a different address. We will say yes to all reasonable requests.
- You may receive an accounting of disclosures made of your health information for six years prior to the date you ask, who we shared it with, and why, except for those about treatment, payment, and health care operations. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You may obtain a paper copy of the Notice of Privacy Practices upon request.
- We will notify you promptly if a breach of any of your unsecured protected health information occurs.
- You may designate someone to be your medical power of attorney; that person may exercise your rights and make choices about your health information.

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer listed at the bottom of this Notice. To exercise your right to inspect and copy your protected health information, you may also contact your physician directly. To obtain a paper copy of this Notice, contact our Privacy Officer by phone or mail.

We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. A copy of our current Notice of Privacy Practices is posted in our office and on our website.

Complaints: You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, contact our Privacy Office (listed below) in writing; the complaint should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of health and Human Services, 200 Independence Ave., S.W., Washington D.C. 20201. Call (202)619-0257 (or toll free: 877-696-6775) or go to the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa/) for more information.

Contact Information: If you have any questions or complaints please contact the Lown Cardiovascular Group's Practice Manager:

Deborah Clain
Lown Cardiovascular Group
830 Boylston St, Suite 205
Chestnut Hill, MA 02467
617-732-1318

This notice is effective September 2013.