



Notice of Privacy Practices and Consent to Use Data for Research

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please review it carefully.*

During your treatment at HeartSavers Clinics, our medical professionals may gather information about your medical history and current health. This Notice of Privacy Practices and Consent to Use Data for Research explains how that information may be used and shared with others. It also explains your privacy rights regarding this information.

HeartSavers Clinics is required by law to abide by the terms of this Notice, to make sure that information that identifies you is kept private, and to give you this Notice of our legal duties and practices with respect to medical information about you.

Uses and Disclosures of your Health Information

1). HeartSavers Clinics may use or disclose health information to carry out services, payment and healthcare operations.

Services are the provision, coordination, or management of healthcare. For example, we may use and disclose your information to consult with a third party or to refer you to other healthcare providers. We will get your written consent prior to making disclosures outside HeartSavers Clinics and Cardiology Prevention, LLC (the parent company of HeartSavers Clinics), except in emergencies.

Payment includes the activities necessary to obtain reimbursement (if necessary) for the provision of healthcare. For example, we may need to give your health plan information about the services you received at HeartSavers Clinics so your health plan will pay us or reimburse you for the services. We will get your written consent prior to making disclosures for payment purposes.

Healthcare operations include the activities necessary for HeartSavers Clinics to run its business operations. For example, we may use your information to review services and to evaluate performance of our staff.

2). We may use or disclose your health information:

When required by federal, state, or local law.

To support public health activities by reporting as required or authorized by state or federal law. These reports may include the reporting of exposure to a communicable disease or risk of spreading a disease or condition.

To cooperate with law enforcement officials for certain law enforcement purposes as directed by a court order, warrant, criminal subpoena, or other lawful purposes.

To report abuse or neglect.

To support health oversight activities that are authorized by law, such as administrative or criminal investigations, inspections, licensure or disciplinary actions and other similar activities necessary for appropriate oversight of government benefit programs or functions.

When required by a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as required by law.

When necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen a threat, as consistent with applicable law and standards.

For judicial or administrative proceedings, in response to a valid court order, administrative order, a grand jury subpoena, or with your written consent.

For research purposes, and only with HeartSavers Clinics sanctioned research studies. Research can lead to new or better ways to diagnose and treat disease. The law allows your records to be used for research under certain conditions. For example, a research review board must first ensure that researchers will keep your information private and secure. HeartSavers Clinics will not give your health information to outside researchers for use in medical research (in general, state law requires your consent for this). HeartSavers Clinics' employees, medical researchers, and allied health staff are internal researchers. All others are outside researchers. If you disagree with the use of your health information for research purposes, write to us at the address at the end of this Notice.

To business associates to perform functions on HeartSavers Clinics behalf, if the business associate has signed an agreement to protect the confidentiality of the information.

- 3). We may disclose your health information to a family member, other relatives, or a close friend or any other person you identify if the information relates to that person's involvement in your healthcare if you consent to such a disclosure.
- 4). In other situations, your written authorization will be obtained before HeartSavers Clinics will use or disclose your health information to third parties outside HeartSavers Clinics.
- 5). State and federal laws may be more stringent and may prohibit certain uses and disclosures identified above. When another law is more stringent than the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we will follow the more stringent requirements. For example, some state laws require additional protection for records related to mental health treatment, drug and alcohol treatment, and HIV-related information.

PATIENT RIGHTS

- 1). You may request HeartSavers Clinics to restrict uses and disclosures of your health information. However, HeartSavers Clinics is not required to agree to the requested restriction. These requests should be made to the HeartSavers Clinics Privacy Office at the address at the end of this document. Requests must be made in writing. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit HeartSavers Clinics' use, disclosure, or both, and (c) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.
- 2). You have the right to request confidential communications by alternative means or at alternative locations. For example, you may request that we may communicate with you only by mail. We will accommodate all reasonable requests, but your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled. You must request confidential communications in writing.
- 3). You have a right to inspect and obtain a copy of your health information that is used to make decisions about your care for as long as HeartSavers Clinics maintains the information. This right does not apply to certain health information, including information compiled in reasonable anticipation of or for litigation and other information not subject to the right to access information under state law and HIPAA. Requests for access to health information should be made in writing to the HeartSavers Clinics Privacy Office. If access is denied, you will be provided with a written explanation that sets forth the basis for the denial, a description of how you may review those rights and a description of how you may complain.
- 4). You have the right to request that HeartSavers Clinics amend your health information if it is incorrect or incomplete. Requests for amendment of information should be made in writing to the HeartSavers Clinics Privacy Office, and you must provide a reason that supports your request to have the information amended. HeartSavers Clinics may deny your request for amendment if the request is not in writing and submitted to the Privacy Office at the address at the end of this document. In addition, we may deny your request if you ask us to amend information that: (a) was not created by HeartSavers Clinics (unless the person or entity that created the information is no longer available to make the amendment); (b) is not part of the medical information kept by HeartSavers Clinics; (c) is not part of the information you would be permitted to inspect and copy, or (d) is accurate and complete.

- 5). At your request, HeartSavers Clinics will provide you with an accounting of disclosures by HeartSavers Clinics of your health information during the seven years prior to the date of your request. However, such accounting will not include disclosures made: 1). to carry out treatment, payment, or healthcare operations; 2). directly to you or your personal representatives; 3) prior to the effective date of this notice, or 4) based on your written authorization. If you request more than one accounting within a 12-month period, HeartSavers Clinics will charge a reasonable, cost-based fee for each subsequent accounting. Requests for a request of an accounting of disclosures should be made in writing to the HeartSavers Clinics Privacy Office at the address shown at the end of this document.
- 6). To obtain a paper copy of this notice, contact the HeartSavers Clinics Privacy Office at the address on the back of this brochure.
- 7). You may exercise your rights through a personal representative as permitted or required by applicable law. Your personal representative may be required to produce evidence of authority to act on your behalf before that person will be given access to your information or allowed to take any action for you.
- 8). If you believe your privacy rights have been violated you may complain to the HeartSavers Clinics Privacy Office at the address at the end of this document. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. HeartSavers Clinics will not retaliate against you if you file a complaint.

HeartSavers Clinics Duties

This notice is effective beginning January 1, 2023. However, HeartSavers Clinics reserves the right to change its privacy practices and this Notice, and to apply the changes to any health information received or maintained by HeartSavers Clinics prior to the date of the changes. If the terms of this Notice are changed, a revised version will be available upon request and will be posted in a clear and prominent location. You may access this notice by visiting our website at www.HeartSaversClinics.com

Complaints, Questions, and Requests

You may direct your questions about this Notice or HeartSavers Clinics' privacy practices; or requests regarding your information, or other privacy or confidentiality concerns to:

HeartSavers Clinics Privacy Office
8100 Penn Ave So Suite 150F
Bloomington MN 55431

You may direct complaints regarding this Notice or HeartSavers Clinics privacy practices, requests regarding your information, or other privacy or confidentiality concerns to the Office of Civil Rights, U.S. Department of Health and Human Services. You may email your complaint to OCRComplaint@hhs.gov

All complaints should be submitted in writing. You will not be penalized for filing a complaint.