TAMPA CARDIOVASCULAR ASSOCIATES, P.A.
4450 E. Fletcher Ave., Suites A & C, Tampa, FL 33613
Tampa, Florida 33613

PRACTICE POLICIES AND PRIVACY NOTICE

PATIENT RESPONSIBILITIES
Per Florida Statute 381.026

Florida law requires that your health care provider recognize your rights while you are receiving medical care and that you respect the health care provider's right to expect certain behavior on the part of the patient.

Patients, family members, caregivers, and visitors are expected to treat physicians, staff, and other patients with courtesy, dignity, and respect. Disruptive, abusive, threatening, intimidating, harassing, discriminatory or inappropriate behavior are not acceptable and may force the practice into a position where we are unable to provide care to the patient.

Each patient of a health care provider or health care facility shall respect the health care provider's and health care facility's right to expect behavior on the part of patients which, considering the nature of their illness, is reasonable and responsible. Each patient shall observe the responsibilities described in the following summary:

- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

SCHEDULING AND CARE TEAM COVERAGE POLICY

We are committed to providing you with timely, high-quality cardiovascular care. To ensure you receive prompt attention both in office and during hospital stays, our practice operates as a unified care team.

Depending on scheduling availability and medical urgency, you may be scheduled with or seen by any of our board-certified Cardiologists (MDs) or Advanced Practice Registered Nurses (APRNs) in the office or in the hospital.

All of our clinicians share the same electronic medical records, collaborate closely on treatment plans, and are fully equipped to manage your cardiac health. This team-based approach allows us to minimize wait times, expedite your appointments, and maintain continuous, seamless coverage whether you are being seen for an office visit or require evaluation in the hospital.

VIDEO, CELLPHONE AND ELECTRONIC DEVICE POLICY

Tampa Cardiovascular Associates reserves the right to prohibit photography, audio and video recording, and live streaming on its property, either generally or in specific circumstances.

It is illegal and a violation of patient privacy for anyone to take unauthorized pictures of any patient or anyone in our office without that person's express written consent. Use of cell phones or any device to take pictures, videos or live stream while in the office of Tampa Cardiovascular Associates, P.A. is expressly prohibited.

Usage of cellphones or other devices is strictly prohibited by patients and those accompanying them for communication during office visits and testing. If patients require another person at the visit, that person must be physically present.

ARTIFICIAL INTELLIGENCE POLICY

To ensure we can focus completely on you rather than a computer screen, our clinic utilizes secure, AI enabled documentation tools within our Electronic Medical Record (EMR) system.

During your office visit, an AI-assisted tool may be used to securely listen to our conversation and generate a draft clinical summary or medical note in real time.

Your cardiologist can spend more time interacting directly with you, answering your questions, and evaluating your cardiovascular condition, rather than typing during your visit.

We take your privacy and data security very seriously. All information processed by this tool complies fully with the Health Insurance Portability and Accountability Act (HIPAA) and utilizes robust encryption protocols. Audio recordings are used solely to generate the clinical note and are not shared. They are temporarily stored for 7 days.

NOTICE OF PATIENT RESPONSIBILITIES & PRIVACY PRACTICES

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.

Tampa Cardiovascular Associates understands your privacy is important. This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to control your protected health information. Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition or payment.

Understanding Your Health Record/Information: Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains personal demographic information, 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 communication 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 that services billed were actually provided;
- Tool in educating health professionals;
- Source of data for medical research;
- Source of information for public health officials charged with improving the health of the nation;
- Source of data for facility planning and marketing; and
- 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 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;
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. However, we are not required to agree to the restriction;
- Inspect and copy your health record as provided for in 45 CFR 164.524 and Florida law.
- Amend your health record as provided in 45 CFR 164.526. We may deny your request if you ask to amend information that is accurate or complete at the time of your visit.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations;

- Receive confidential communications of protected health information as provided in 45CFR 164.522 (b), as applicable;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Restrict the release of protected health information to your health plan if you are paying out of pocket in full. 45 CFR 164.522(a)(1)(vi).
- Restrict disclosure related to genetic testing for insurance underwriting purposes.

Our Responsibilities: Tampa Cardiovascular Associates is required to:

- Maintain the privacy of your health information;
- Provide you with a 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;
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify affected individuals following a breach of unsecured protected health information in writing.

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 change significantly, we will post the new notice on our Web site www.tampacardio.com and to the patient portal.

You may also request a copy of our notice at any time.

Examples of Disclosures for Treatment, Payment and Health Care Operations:

We will use your health information for treatment. For example, information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the best course of treatment.

We will also provide a referring physician, primary care provider or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you.

We will use your health information for payment. For example, a bill may be sent to you or an insurance company (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 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.

We will use your health information for regular healthcare operations. For example, in day-to-day business practices, trained staff may handle your physical medical record in order to have the record assembled or for filing reports into your record. Your record may be reviewed by professional staff to assure accuracy, completeness and organization.

This information may be shared by facsimile transmission.

Other Uses or Disclosures:

Business Associates: *There* are some services provided in our organization through contacts with business associates. Examples include physician services in the Emergency Department, Radiology, certain laboratory tests, and third-party companies in support of our practice operations (including but not limited to billing, pharmacies, prior authorizations, and medical records). When these services are contracted, we may disclose your health information so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

Research**:** We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Medical Examiners and Funeral Directors: We may disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations**:** If you are an organ donor, 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.

Patient Contact and 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, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

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 programs established by law. These programs provide benefits for work-related injuries or illness.

Public Health: As required by law, we may disclose your health information to public health or legal authorities for public health activities. These activities generally include the following: To prevent or control disease, injury or disability; To report births or deaths; To report reactions to medications or problems with products; To notify people of recalls of products they may be using; To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (We will only make this disclosure when you agree or when required or authorized by law.).

Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law; in response to a court order, valid subpoena, warrant, summons or similar process; about criminal conduct at the Clinic; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Disaster Relief: We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family or friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Health Oversight Agency: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce 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.

We will not use or disclose your health information without your authorization, except as described in this notice.

Other Uses and Disclosures of Your Information by Authorization Only: We are required to receive your authorization to use or disclose your PHI for any use other than treatment, payment or health care operations, and those specific circumstances outlined above. We use an "Authorization To Release Protected Health Information" form that specifically states what information will be given to whom and is signed by you or your legal representative. You have the ability to revoke the signed authorization at any time by a written statement given to us to that effect.