



FloridaHeart
AND VASCULAR

Ahmed F. Osman, MD David N. Kenigsberg, MD
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Phone: 954-320-4200 Fax: 954-678-9533

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.

You can request to view or obtain an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request.

Request that we correct your medical record.

You can request that we correct health information about you that you believe is incorrect or incomplete. Ask us how to do this. We may decline your request, but we'll provide you with a written explanation within 60 days.

Request confidential communications.

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests.

Ask us to limit what we use or share.

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may decline it if it impacts your care. If you pay for a service or healthcare in full, it is considered an out-of-pocket expense. You can request that we do not share this information with your health insurer for payment or operational purposes. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information.

You can request a list (accounting) of the instances where we've shared your health information over the past six years before the date you inquired, including the parties to whom it was shared and the reasons for doing so. We will include all disclosures except those related to treatment, payment, healthcare operations, and certain other disclosures (such as any you have requested us to make). We'll provide one accounting a year for free but charge a reasonable, cost-based fee if you request another one within 12 months.

Get a copy of this privacy notice.

You can request a copy of this notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

1841 NE 45th Street Fort Lauderdale, FL 33308
350 NW 84th Avenue Suite 110 Plantation, FL 33324
2825 N State Road 7 Suite 303 Margate, FL 33063
4101 NW 4th Street Suite 104 Plantation, FL 33317



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If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will ensure that the person has this authority and can act on your behalf before we take any action.

File a complaint if you believe your rights have been violated.

You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices

You can let us know your preferences regarding the information we share about your health. Please let us know if you prefer how we share your information in the situations described below. Please let us know what you would like us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care (authorized person's name and relationship).

Share information in a disaster relief situation.

Include your data in a hospital directory.

If you cannot tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Most sharing of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can opt out of receiving further communications.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals treating you.

Example: A doctor treating you for an injury asks another doctor about your health.

Run our organization

We can use and share your health information to operate our practice, enhance your care, and contact you as needed.

Example: We use your health information to manage your treatment and services.

Bill, for your services



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We can use and share your health information to bill and get payment from health plans or other entities.

Example: We provide information about you to your health insurance plan so that it can cover your services.

How else can we use or share your health information?

We are permitted or required to share your information in other ways, typically in ways that benefit the public good, such as public health and research. We must meet many conditions in the law before sharing your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations, such as:

Preventing disease

Helping with product recalls

Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

Do Research

We may use or share your information for health research purposes.

Comply with the law.

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it requests confirmation that we comply with federal privacy laws.

Respond to requests for organ and tissue donation.

We can share health information about you with organ-procuring organizations.

Work with a medical examiner or funeral director.

When an individual dies, we can share health information with a coroner, medical examiner, or funeral director.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

For workers' compensation claims

For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.



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We will notify you promptly if a breach may have compromised the privacy or security of your data.

We must follow the duties and privacy practices described in this notice and give you a copy.

We will not use or share your information, except as described here, unless you provide us with written consent. If you tell us, you can, you may change your mind at any time. Please notify us in writing if you change your mind.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, which will apply to all information we have about you.

The new notice will be available upon request in our office and on our website.

This Notice of Privacy Practices applies to the following organizations.

FLORIDA HEART AND VASCULAR