



Andrew J. Gresko, MD, FACC



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Michael A. Rosenblum, MD

2376 Cypress Circle, Suite 102 Conway, SC 29526  
Phone: 843-347-8953

## Notice of Privacy Practices

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that protects the privacy of health care information by setting standards for privacy and security of individually identifiable information.

Our practice is required by law to maintain the privacy of protected medical information and to provide covered individuals with notice of its legal duties and privacy practices with respect to protected medical information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of the Notice of Privacy Practices and make the provisions effective for all protected health information that we maintain. In the event that a revision is made, we will communicate this by providing the revised Notice upon request, posting the revised Notice in the office and having a copy available for individuals to take with them.

We appreciate the opportunity to provide the highest quality health care services to you and value the trust that you have placed in us in choosing to visit our practice. We respect that trust by exercising competent professional judgment in our decision-making regarding the use of your health care information. In order for our physicians and staff to provide care to you, it is necessary to create, receive and communicate medical information about you. This information may involve:

**Treatment** activities by your health care provider. This may involve receiving your health care information from other sources as well as communicating health care information to others. We may also contact you to provide appointment reminders, health care information such as lab or test results and other communications that are pertinent to your care and treatment.

**Payment** activities such as billing and collection activities, eligibility determinations, adjudication of claims, pre-certification and utilization review and coordination of benefits.

**Health care operations** activities such as quality assessment, medical review, business management, auditing, general administrative, legal services and including fraud and abuse detection and compliance activities.

By becoming our patient, you have agreed to allow the practice to create or use your medical information in order to perform these duties without your express authorization. Information exchange may take any form, including

electronic, paper or oral communication. We may leave information in the form of a recorded message on voice mail, answering machine, facsimile, U.S. Mail, delivery service, e-mail or with another person at any of the contact numbers or addresses that are listed in your health care information data.

As a covered individual, you have the right to:

- Request restrictions on certain uses and disclosures of protected health information. We are, however, not required to agree to the requested restriction. If we agree to the request, we must abide by it unless you agree in writing to withdraw it.
- Request certain alternate means of communications, within reason. (For example, you could request that we send invoices or lab results to a post office box rather than to your home address.) If a request involves significant administrative difficulty, we are not required to honor it.
- Inspect and obtain a copy of your protected health information with the exception of HIPAA permitted denials. An example of a permitted denial might be if a licensed health care professional determines in exercising professional judgment that the access requested is reasonably likely to endanger life or physical safety of the individual or another person.
- Request an amendment of your protected health information. A reason for the requested amendment must be provided. Requests will be reviewed and either accepted or denied. Denials will be given in writing, in a timely manner and in plain language.
- Receive an accounting of certain disclosures of protected health information.
- Obtain a paper copy of the Notice of Privacy Practices from us upon request.

All requests must be made in writing and presented to the Privacy Officer or her designee.

For questions or further information or if you believe your privacy rights have been violated, you may contact the Privacy Officer for Waccamaw Cardiology, PC.

Carol Webster, RN  
Practice Administrator  
843-347-8953

You also have the right to contact the Secretary of Health and Human Services.



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## Acknowledgement of Receipt of Privacy Practices

This notice has been issued and considered effective on the date signed. We will keep this signed form on file for a minimum of six (6) years.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practice Representative

\_\_\_\_\_  
Date