

**NOTICE OF PRIVACY PRACTICES FOR YOUR PROTECTED HEALTH INFORMATION  
CARDIOTHORACIC SURGERY OF SAVANNAH, P.C.**

Each time you visit a hospital, physician, or other health care provider, a record of our visit is made. Typically, this record contains your symptoms, examination, 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 about the many health professionals who contribute to your care
- \* legal document describing the care you received
- \* means by which you or a third-party payor can verify that services billed were actually provided
- \* a tool in educating health professionals
- \* a source of data for medical research
- \* a source of information for public health officials charged with improving the health of a nation
- \* a source of data for the facility planning and marketing
- \* a tool which we can assess and continually work to improve the care we give and the outcomes we achieve
- \* Understanding what is in your record and how your health information is used helps you to:
- \* ensure its accuracy \* make more informed decisions when authorizing disclosure to others \* better

understand who, what, when, where, and why others may access your health information

**Your Health Information Rights-** Although your health record is the physical property of *Cardiothoracic Surgery of Savannah, P.C.*, 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
- \* obtain a paper copy of the notice of information practices upon request
- \* inspect and copy your health record as provided for in 45 CFR 164.524
- \* amend your health record as provided in 45 CFR 164.528
- \* obtain an accounting of disclosures of our health information as provided in 45 CFR 164.528
- \* request communications of your health information by alternative means or alternative locations
- \* revoke your authorization to use or disclose health information except to the extent that action has

already been taken

**Our Responsibilities-** *Cardiothoracic Surgery of Savannah, P.C.* 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 restricted
- \* accommodate reasonable requests you may have to communicate health information by alternative means or

at alternative locations

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 practices change, we will mail a revised notice to the address you have supplied to us. We will not use or disclose your health information without your authorization, except as described in this notice.

**I fully understand and \_\_\_\_\_ accept or \_\_\_\_\_ decline the terms of this consent**

\_\_\_\_\_  
**Patient's Signature**

\_\_\_\_\_  
**Date**

**For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the Director of Health Information at (912) 921-8926. If you believe your privacy rights have been violated, you can file a complaint with the Director of Health Information Management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. Composite State Board of Medical Examiners - 2 Peachtree Street, N.W., 10th Floor - Atlanta, GA 30303-3465