



Advanced Pediatric Cardiology, PLLC

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NOTICE OF PRIVACY POLICIES

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

Introduction:

Here at **Advanced Pediatric Cardiology, PLLC**, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act (**HIPAA**). This notice applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information:

Each time you visit **Advanced Pediatric Cardiology, PLLC**, a record of your visit is made. Typically, this record contains 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,
- 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 this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Use and disclosure of your health information in certain special circumstances:

- To public health authorities and health oversight agencies that are authorized by law to collect information.
- Lawsuits and similar proceedings in response to a court or administrative order.
- If required by a law enforcement official.
- When necessary to reduce or prevent serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to prevent the threat.
- If you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or a law enforcement official.
- For Workers Compensation and similar programs.
- To remind you of needed appointments in the future by way of mailed postcard or email.

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, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights:

Although your health record is the physical property of **Advanced Pediatric Cardiology, PLLC**, the information belongs to you.

You have the right to:

- Obtain a paper copy of this 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 your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities:

Advanced Pediatric Cardiology, PLLC is required to:

- Maintain the privacy of your health information,
- Provide you with this 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, and
- 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've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

NO SHOW/CANCELLATION POLICY:

We understand that situations may arise in which you must cancel your appointment. Therefore, we request **24 hours' notice** for appointment cancellations in order to give another patient who is waiting for an appointment to be scheduled in that appointment slot.

Cancellations that are made with less than 24 hours' notice make it difficult to offer that slot to other patients. Office appointments which are cancelled with **less than 24 hours'** notification may be subject to a **\$35.00 cancellation fee**.

No Call No-Show Patients are considered patients who do not show up for their appointment without a call to cancel an office appointment. Patients who appointments are considered No-Show **three (3) or more times in a 12-month period, will then only be eligible for a same day appointment IF available**. Patients may also be subject to the above mentioned **\$35.00** no call no-show fee. **Please note that we reserve the right to dismiss the patient from our practice**. We will notify your primary care provider (PCP) and provide information for other cardiology practices.

The cancellation and No-Show fees are the sole responsibility of the patient and must be **paid in full before the patient's next appointment**. We understand that special, unavoidable circumstances may cause you to be unable to cancel within 24 hours. Fees in this instance may be waived but **only** with provider/office manager approval.

We appreciate your continued support and confidence in our practice as we strive to put our patient's well-being and safety first and we look forward to providing the best care possible for all our patients and families.

REFERRALS:

Our practice must receive a referral from your Primary Care Provider before your appointment if required by your insurance, please note it is **YOUR** responsibility to know your insurance and whether a referral is required.

Outside Prescriptions/Specialist Referrals

Due to liability issues and wanting to make sure that both our office and you as the patient are protected, our providers will not fill/refill **ANY** prescriptions that are not prescribed by our office as it is the patient/parent responsibility to follow up with their providers in a timely manner to ensure outside prescription refills. Anything that is outside of our scope of practice will need to be directed to the appropriate provider/specialty and our office would be more than happy to provide recommendations. If a referral to another specialty is required, the patient's PCP will need to initiate it and we can provide recommendations and provide any notes from our office that may be needed.

CHILDREN OF DIVORCED/SEPARATED PARENTS

A parent and/or legal guardian should be present for each visit for all children under 18. If a parent and/or legal guardian is not able to be present, we must have a signed letter giving permission for another adult with a valid photo ID to be present and consent for the care of the minor child. The parent and/or legal guardian who brings the minor child in for medical service will be required to pay for the bill. We do not bill third parties regardless of what the decree or custody documents indicate. Please make appropriate arrangements prior to the office visit. "Joint Custody" means that each parent has equal access to the medical record. Without a court order, we will not stop either parent from looking at their child's chart, discuss what each parent told the doctor when they were here last, and notify the other parent when a child is being treated, or call the other parent for consent prior to treatment. Please note, if we feel this is becoming an issue and compromising the care of the minor child and/or if at any time a family OR non-family member becomes abusive with the staff, we have the right to discharge the family from the care of the practice.

We thank you for understanding our policies. Our goal is to make your visit with us pleasant and professional.

For more information or to report a concern, you may contact our office directly at **480-855-1339** or email us at staff@apcardio.com

Thank you again for choosing Advanced Pediatric Cardiology for your heart care.