



Stanley Goldberg, M.D.  
Advanced Lipidology

## NOTICE OF 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*

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

**We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operation.**

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

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.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

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Policy	HIPAA Privacy Practices Acknowledgement
Policy Statement	All patients will be informed of Old Pueblo Cardiology's Privacy Practices policy per HIPAA guidelines.
Purpose	To meet the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Responsible Party	
Procedure	<ol style="list-style-type: none"> <li>1) All new patients will be provided the "Notice of Privacy Practices" and the acknowledgement to sign.</li> <li>2) Acknowledgement will be placed in patient's medical record.</li> <li>3) If patient refuses to sign the notice, refusal will be documented and placed in the medical record.</li> <li>4) The patient may revoke this authorization at any time in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on the authorization.</li> </ol>
Procedure Document	<ol style="list-style-type: none"> <li>1) HIPAA Privacy Policy</li> <li>2) HIPAA Acknowledgement</li> </ol>