



HIPAA & Privacy Policy

Effective Date: _____

Golden Heart Medical LLC is required by law to maintain the privacy and security of your protected health information (“PHI”), provide you with this Notice of Privacy Practices, and follow the terms of the notice currently in effect. Protected health information includes information related to your past, present, or future physical or mental health condition, healthcare services provided to you, or payment for your healthcare.

We may use and disclose your protected health information for purposes of treatment, payment, and healthcare operations. For treatment purposes, we may share information with physicians, pharmacies, laboratories, hospitals, specialists, or other healthcare providers involved in your care. For payment purposes, we may use your information to bill and collect payment from insurance companies, government programs, or patients for services rendered. For healthcare operations, we may use your information for activities necessary to operate the practice, including quality improvement, staff training, credentialing, compliance activities, and administrative functions.

We may contact you regarding appointment reminders, prescription refills, test results, treatment recommendations, follow-up care, billing matters, or other healthcare-related communications. Communication may occur by phone call, voicemail, text message, patient portal, secure email, or mail.

We may also use or disclose your protected health information when required or permitted by law, including for public health reporting, reporting abuse or neglect, health oversight activities, law enforcement purposes, court orders, workers’ compensation claims, or to prevent a serious threat to health or safety.

Any uses or disclosures of your protected health information not otherwise described in this Notice generally require your written authorization. You may revoke an authorization at any time in writing, except to the extent action has already been taken in reliance upon it.

You have the right to request restrictions on certain uses or disclosures of your information, although we are not required to agree to every requested restriction. You have the right to request confidential communications by alternative means or locations, request access to and copies of your medical records, request amendments to your records if you believe information is incorrect or incomplete, request an accounting of certain disclosures of your information, and obtain a paper copy of this Notice upon request.

Golden Heart Medical LLC maintains reasonable administrative, technical, and physical safeguards designed to protect your protected health information from unauthorized access, use, or disclosure. In the event of a breach involving unsecured protected health information, affected individuals will be notified as required by applicable law.

Certain third-party vendors or "Business Associates," including electronic medical record systems, billing companies, information technology vendors, transcription services, or other operational service providers, may have limited access to protected health information as permitted by law. These entities are required to maintain appropriate privacy and security protections.

Golden Heart Medical LLC reserves the right to revise this Notice of Privacy Practices at any time. Revised notices will apply to all protected health information maintained by the practice and will be made available upon request and posted in the office or on our website if applicable.

If you believe your privacy rights have been violated, you may file a complaint with Golden Heart Medical LLC or with the U.S. Department of Health and Human Services Office for Civil Rights. Filing a complaint will not affect your care or treatment in any way.

Patient Name

Date

Patient/Guardian signature