



Venkatesan D. Vidi, M.D., M.P.H., R.P.V.I., F.A.C.C.

Board Certified in Cardiology, Echocardiography & Vascular Interpretation

USES AND DISCLOSURES OF MEDICAL INFORMATION

We use and disclose medical information about you for treatment, payment and health care operations.

Treatment: We may use and disclose your medical information to a physician or other health care provider in order to provide treatment to you. This includes coordination of your care with other health care providers, and with health plans, consultation with other providers, and referral to other providers related to your care.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you. Payment includes submitting claims to health plans and other insurers, justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you and the like. We may disclose your medical information to another health care provider or entity subject to the federal Privacy Rules so they can obtain payment.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider accreditation, certification, licensing or credentialing activities;
- Medical Review

We will not electronically disclose your medical information to another person without your authorization, except that we may electronically disclose your medical information to another person without your authorization in furtherance of treatment, payment or health care operation activities.

We may disclose your medical information to another provider or health plan that is subject to the Privacy Rules, as long as that provider or plan has a relationship with you and the medical information is for their health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. You must give us your authorization to electronically disclose your medical information to another person, except for electronic disclosures made in furtherance of treatment, payment or health care operation activities. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this Notice. Unless you give us your written authorization, we will not use or disclose your medical information for any reason except those permitted and described by this Notice.

To Your Family & Friends: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your medical care or with payment for your health care. We may use or disclose your name, hospital location, and general condition or death to notify, or assist in the



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notification of (including identifying or locating) a person involved in your care. We may also disclose your medical information to whomever you give us permission. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We will also use our professional judgment and our experience with common practice to allow a person to pick up filled prescriptions, medical supplies or other similar forms of medical information.

Business Associate: We may contract with one or more third parties (our business associates) in the course of our business operations. We may disclose your medical information to business associates who may have access to or be given your medical information in order to provide the contracted services. We require that our business associates sign a business associate agreement and agree to safeguard the privacy and security of your medical information.

Patient Signature: _____ Date: _____