HEART & VASCULAR CENTER OF SOUTH FLORIDA

7777 Davie Road Ext, Suite 100B, Hollywood, FL 33024
1150 NW 35th Ave, Suite 240, Hollywood, FL 33021
603 N Flamingo Road, Suite 365, Pembroke Pines, FL 33028

Phone: 954-362-3426 Fax: 954-362-3432 info@myheartdoctorfl.com

Effective Date: March 16, 2026

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.

WHO WE ARE

Heart & Vascular Centers of South Florida ("HVC") is committed to protecting the privacy of your health information. This Notice of Privacy Practices describes how we may use and disclose your **Protected Health Information (PHI)** — including medical records, billing records, and any other information that identifies you and relates to your health — and explains your rights with respect to that information.
HVC operates at three locations:

- 7777 Davie Road Ext, Suite 100B, Hollywood, FL 33024 (Main Office)
- 1150 NW 35th Ave, Suite 240, Hollywood, FL 33021
- 603 N Flamingo Road, Suite 365, Pembroke Pines, FL 33028

OUR DUTIES UNDER HIPAA

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you in the event of a breach of your unsecured PHI.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following describe the ways we may use and disclose your health information. Not every use or disclosure will be listed; however, all permitted uses and disclosures fall within one of the categories below.

Treatment, Payment, and Health Care Operations (No Authorization Required)

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, your cardiologist may share information with a referring physician, a diagnostic laboratory, or a specialist involved in your care.

Payment: We may use and disclose your PHI to obtain payment for services we provide to you. For example, we may submit claims to your health insurance company and provide the information necessary for reimbursement.

Health Care Operations: We may use and disclose your PHI for our internal operations, including quality assessment, staff training, licensing, auditing, and business planning activities.

Other Uses and Disclosures That May Be Made Without Your Authorization

As Required by Law: We will disclose your PHI when required to do so by federal, state, or local law.

Public Health Activities: We may disclose PHI to public health authorities for activities such as disease reporting, injury reporting, and preventing or controlling disease.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, and inspections.

Abuse or Neglect Reporting: We may disclose PHI to appropriate authorities if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Judicial and Administrative Proceedings: We may disclose PHI in response to a court order, subpoena, or other lawful process.

Law Enforcement: We may disclose PHI to law enforcement officials for limited purposes as permitted by law.

Serious Threats to Health or Safety: We may disclose PHI when necessary to prevent a serious and imminent threat to the health or safety of a person or the public.

Military and Veterans: We may disclose PHI to military authorities if required by applicable military command laws.

Workers' Compensation: We may disclose PHI to comply with workers' compensation laws.

Coroners, Medical Examiners, and Funeral Directors: We may disclose PHI as necessary to identify a deceased person, determine cause of death, or allow a funeral director to carry out their duties.

Organ and Tissue Donation: We may disclose PHI to organizations involved in procuring, banking, or transplanting organs and tissue.

Research: We may disclose PHI for research purposes under strict conditions required by law, including Institutional Review Board oversight.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. You have the right to revoke your authorization at any time, in writing, except to the extent that we have already taken action in reliance upon it. Uses and disclosures requiring your written authorization include:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures of PHI for marketing purposes.
- Disclosures that constitute a sale of PHI.
- Other uses and disclosures not described in this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy Your PHI

You have the right to inspect and obtain a copy of your PHI that we maintain in a designated record set, including your medical and billing records. To request access, submit a written request to our Privacy Officer. We may charge a reasonable fee for copies. We may deny your request in limited circumstances; if denied, you may request a review of that denial.

Right to Request an Amendment

If you believe that PHI we maintain about you is incorrect or incomplete, you may request that we amend it. Submit your request in writing to our Privacy Officer, including your reason for the amendment. We may deny your request if the information was not created by us, is not part of a designated record set, or is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your PHI during the six years prior to your request. This accounting does not include disclosures made for treatment, payment, health care operations, or those made with your authorization.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to your request, except: we must agree to a restriction on disclosure to a health plan if you have paid for the service in full out of pocket and the disclosure is not required by law.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you may ask that we contact you only at a specific phone number or address. We will accommodate reasonable requests.

Right to Notification of a Breach

You have the right to be notified in the event that we (or one of our business associates) discover a breach of your unsecured PHI. We will notify you without unreasonable delay and no later than 60 days after discovery of the breach.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time, even if you have agreed to receive it electronically. To obtain a paper copy, contact our Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time and to make the revised Notice effective for PHI we already have about you as well as any PHI we receive in the future. The current Notice will always be posted at our office locations and on our website at **myheartdoctorfl.com**. We will provide you with a revised Notice upon request.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights. To file a complaint with HVC, contact our Privacy Officer in writing. **You will not be penalized or retaliated against for filing a complaint.**

U.S. Department of Health and Human Services, Office for Civil Rights:
200 Independence Ave SW, Washington, DC 20201 | 1-877-696-6775 | www.hhs.gov/ocr/privacy

CONTACT OUR PRIVACY OFFICER

For questions about this Notice or to exercise any of your rights described above, please contact:

Jessica Govea
Privacy Officer — Heart & Vascular Centers of South Florida
Phone: 954-362-3426 Fax: 954-362-3432
Email: info@myheartdoctorfl.com
7777 Davie Road Ext, Suite 100B, Hollywood, FL 33024

ACKNOWLEDGMENT OF RECEIPT

By signing below, you acknowledge that you have received or been offered a copy of this Notice of Privacy Practices.

Patient Full Name

Date (MM/DD/YYYY)

Patient Signature

Signature of Legal Representative (if applicable)

Representative's Relationship to Patient

FOR OFFICE USE ONLY

Staff Initials: _____ Date Provided: _____