

Heart Failure Survival Center of America, SC

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

NOTICE OF INFORMATION PRACTICES

Heart Failure Survival Center of America may use and disclose protected health information for treatment, payment and healthcare operations, health related benefits and services, release of information to designated individual entities, and disclosures required by the law. Examples of this include, but are not limited to; requested life insurance, sports physicals, referral to nursing homes, foster care homes, home health agencies and/or referral to other providers for treatment to include coordination of benefits with other insurers, or collection agencies. Healthcare operations include, but are not limited to, internal quality control, quality assurance and auditing of records. Heart Failure Survival Center of America is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. These circumstances include but are not limited to, cases of public health requirements or court orders. Heart Failure Survival Center will not make any other use or disclosure of patient's protected health information without the individual's written authorization. The individual may revoke such authorization at any time. Any revocation of authorization must be submitted in writing. Heart Failure Survival Center of America may, at times, contact the patient to provide appointment reminders, information regarding treatment alternatives or other health-related benefits and services that maybe of interest to the individual patient or the concern of the Physician. Heart Failure Survival Center of America will abide by the terms of this notice, or the notice currently in effect at the time of disclosure. Heart Failure Survival Center of America reserves the right to change the terms of this notice and make new notice provisions effective for all protected health information it maintains. Heart Failure Survival Center of America will provide each patient with a copy of any revisions to the Notice of Information Practices at the time of their next visit, if requested, or at their last known address, if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our office.

Any person/patient may file a complaint to the Practice if they believe their privacy rights have been violated. To file a complaint with the Practice please contact the administrator/owner/managing Physician.