



THE STERN CARDIOVASCULAR CENTER

Notice of Privacy Practices

Effective and Updated as of January 1, 2026

This notice serves the purpose of informing you of how your health information may be used and disclosed while you are a patient with Stern Cardiovascular as well as how to access your health information. Please review this notice carefully.

In alignment with our mission of *excellence in cardiovascular medicine, research, and patient care*, we at the Stern Cardiovascular Center (Stern) are committed to your rights to your health information. Stern collects your health information and stores it in your personal profile in an electronic patient database. This information is defined as your medical record. While the medical record is the property of Stern for purposes of providing treatment, payment, and operations pertaining to the care provided, the information in the medical record belongs to you.

You have a right to know how information in your medical record may be used. We also are required by law to keep your information confidential from all unauthorized parties and have implemented necessary safeguards to preserve the privacy, security, and integrity of your health information. This Notice of Privacy Practices serves the purpose of letting you know the ways in which we may use and disclose your health information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about the Notice of Privacy Practices, please contact the Compliance Privacy Officer.

All Stern Cardiovascular Center employed clinical staff, administrative staff, business office, and volunteers along with partners in coordinated care and business associates will follow this notice.

PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The Health Insurance Portability and Accountability and Act (HIPAA) along with other related laws modifying or updating its precedents permit the following uses and disclosures of your health information.

- **Treatment.** We use medical information about you to provide your medical care. Health information will be disclosed to Stern staff members who are involved in providing your necessary health care. Different departments within the organization may share your health information for your services such as lab work, diagnostic testing, and prescriptions. Your health information may also be provided to other physicians, such as your primary care physician, as part of the coordination of your care. Health Information may also be shared with pharmacists involved in dispensing your prescribed medication medications.
- **Payment.** We may use and disclose your health information to obtain payment for services that we provide, such as filing a claim to an insurance provider. We may also disclose health information to your insurance provider for predetermination for coverage of services. Additionally, we may disclose health information to other health care providers involved in your care in obtaining payment for services such as ambulance and hospital providers.
- **Health Care Operations.** We may use and disclose your health information for operation purposes pertaining to the clinic. For example, we may use and disclose health information for quality and improvement initiatives and to evaluate the performances of our resources and staff. We may also use and disclose medical information as necessary for medical reviews, legal services and audits, compliance programs (including fraud, waste, and abuse detection), planning, training, and management.

- **Notifications and Communications with Designees.** We may disclose your health information to a family member, personal representative, or any other responsible party involved in your care or condition. If you are able to agree or object prior to making disclosures to such parties, the decision to object will be honored. If you are unavailable or unresponsive to agree or object or in the event of an emergency, our health care providers will use professional judgment in communications and disclosures with family members and designees for the best interests of your health.
- **Appointment Reminders.** We may use and disclose information to contact and remind you about upcoming appointments. Such methods of contacting include by telephone, postal service, or through the online patient portal and will not disclose specific reasons for which you are receiving care.
- **Sign In Sheet.** We may use and disclose information about you by having you sign in at the registration area when you arrive to your appointment.
- **Required by Law.** When the law requires, we will disclose such information as required through appropriate local, state, or federal law. Such disclosures will be limited to the relevant requirements of the law.
- **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, disclose your health information in the course of judicial proceedings if a verified court order is received. Additionally, we may disclose information about you in response to a subpoena, discovery request, or other legal process if it is indicated that reasonable efforts have been made to notify you of the request and objections have not been raised or resolved through appropriate processes.
- **Law Enforcement.** We may, and are sometimes required by law, disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person as well as in compliance with a verified issued warrant. This also includes if you are an inmate of a correctional institution or in some other form of lawful custody; we may release information to such institutions to provide any continuing health care and also for the safety and security of such institutions.
- **Health Oversight Activities.** We may, and are sometimes required by law, disclose your health information to health oversight agencies during the course of audits, investigations, and other proceedings subject to the limitations imposed by law. Additionally, we may submit your information to qualified clinical data registries in their oversight functions to monitor population health statistics and information.
- **Coroners and Medical Examiners.** We may release information to coroners or medical examiners in connection with their investigations of deaths and arrangements for funerals.
- **Business Associates.** Certain services are performed on behalf of Stern through third party business associates. Such business associates are established through written contracts that detail specific functions and compliance with the same privacy and security standards for your health information with which Stern adheres.
- **Health Information Exchange.** We may provide your information to a health information exchange (HIE); a healthcare database in which other providers specifically involved in your treatment can access your health information.
- **Public Health.** We may, and are sometimes required by law, to disclose your health information to public health authorities for such purposes as preventing or controlling disease, infection exposure control, injury or disability, reporting to the Food and Drug Administration problems with products and reactions to medication, or reporting child, elder, or dependent adult abuse or neglect. When reporting suspected elder or dependent adult abuse, we will inform you or your personal representative promptly.

- **Public Safety.** We may, and are sometimes required by law, to disclose your health information to appropriate persons or institutes in order to prevent or lessen a serious and imminent threat to the health or safety of a specific person or the general public.
- **Breach Notification.** In the case of a breach allowing for an improper access or disclosure of your protected health information, we will notify you as required by law. In most cases, notifications will be made promptly in writing by first-class mail using your most current mailing address. If you have provided a current e-mail address, we may use e-mail or the online patient portal to communicate information pertaining to the breach. We may also provide notification by other methods as appropriate.
- **Research.** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
- **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws regarding work-related injuries or illnesses. We are also required by law to report cases of work-related injuries or illnesses to the workers' compensation insurer.

USES AND DISCLOSURES WHICH REQUIRE WRITTEN PATIENT AUTHORIZATION

The following types of uses and disclosures will not be made unless we have your expressed authorization.

- **Marketing.** We must obtain your authorization to provide communication of a product or service related to the treatment you are receiving. We may similarly describe products or services. This does not apply to permitted communications specifically regarding your treatment and coordination of care.
- **Sale of Health Information.** We will never sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize to sell it, and we will stop any future sales of your information if you revoke the authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights to your medical record. Requests for the following can be made to the Health Information Management (HIM) department by phone, 901.271.4027; facsimile, 901.747.0535; or email MedicalRecords@sterncardio.com.

- **Right to Inspect and Copy.** You have the right to request your health information in one or more designated record sets with limited exceptions. We will provide you copies of your requested information in the requested format if readily producible. Requests for health information may be subject to a reasonable fee based on labor, supplies, postage, and preparation. Requests for information may also be denied, and if we deny your request a written reason for denial will be provided to you.
- **Right to Request Amendment.** If you believe there is inaccurate or missing information in your medical record, you have the right to request that we amend your medical record. Such requests must be in writing. Requests to amend the medical record may also be denied if we determine that such information in the amendment request to be contrary to records verified as factual.
- **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you

tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any request and will notify you of our decision.

- **Right to Request Confidential Communications.** You have the right to make requests to receive your health information delivered in a specific format or method of communication. For example, you may have a specific phone number with which is your only preferred means of contact.
- **Right to an Accounting of Disclosures.** This refers to a maintained list of the disclosures we made of your health information that fall outside of standard disclosures of treatment, payment, or healthcare operations. For example, a disclosure required by law, such as a response to a subpoena, would be included in an accounting of disclosures.

CHANGES TO THIS NOTICE

We reserve the right to change and / or update this notice, and the revised or changed notice will be effective for information we already have about you. The current notice will be posted in our clinic locations and on our website and will include the effective date. We will also provide you with a copy of the current notice each time you register or upon your request.

COMPLAINTS

If you believe the privacy or security of your health information has been violated, you may file a complaint to the Stern Cardiovascular Compliance Hotline or with the Department of Health and Human Services Office for Civil Rights. You will not be penalized for filing a complaint.

Privacy complaints to the Stern Cardiovascular compliance hotline can be made by phone to 901.271.4045 or by mail to the attention of the Compliance Officer, Stern Cardiovascular 8060 Wolf River Blvd., Germantown, TN 38138.

Complaints to the Department of Health and Human Services Office for Civil Rights can be made by phone to 1-800-368-1019, by email to OCRMail@hhs.gov, by web portal at <https://ocrportal.hhs.gov>, or by mail to Centralized Case Management Operations U.S. Department of Health and Human Services, 200 Independence Ave S.W. Room 509 HHH Bldg., Washington, D.C. 20201.