CARDIO VASCULAR INSTITUTE OF SCOTTSDALE

Nassim Haddad MD PLLC

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.

Effective Date: October 1, 2026 **Privacy Official:** Amber Grimsrud **Direct Phone:** (480) 747-6532 ext. 132
Privacy Email: amber@cviscottsdale.net

Our Commitment to Your Privacy

The Cardio Vascular Institute of Scottsdale ("CVIS," "we," "us") is required by law to protect the privacy of your health information, to give you this Notice explaining our legal duties and privacy practices, and to notify you if a breach of your unsecured health information occurs. We are required to follow the terms of the Notice currently in effect.

"Protected health information" means information that identifies you and relates to your physical or mental health, the care you receive, or payment for that care.

How We May Use and Disclose Your Health Information Without Your Authorization

Treatment

We use and share your information to provide, coordinate, and manage your care. For example, your cardiologist shares your echocardiogram results with a nurse practitioner in our office, or sends your catheterization report to your primary care physician or to a hospital where you are being admitted.

Payment

We use and share your information to bill and obtain payment from you, an insurance company, or another payer. For example, we send your insurer details of a procedure so the claim can be paid, or obtain prior authorization for a stress test.

Health Care Operations

We use and share your information to run our practice and improve the care we provide. For example, reviewing charts for quality assessment, training staff or students, credentialing physicians, and conducting audits and business planning.

Other Uses and Disclosures Permitted or Required by Law

Subject to the conditions and limits set by law, we may use or share your information without your authorization:

- When required by federal, state, or local law.

- For public health activities, including reporting disease, injury, and vital events, and reporting adverse events or product recalls to the Food and Drug Administration.
- To report suspected abuse, neglect, or domestic violence to authorities permitted by law to receive it.
- For health oversight activities such as audits, investigations, inspections, and licensure.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, such as identifying or locating a suspect or reporting a crime on our premises.
- To coroners, medical examiners, and funeral directors as necessary for them to carry out their duties.
- To organ procurement organizations for donation and transplantation.
- For research, when an institutional review board or privacy board has approved a waiver of authorization, or in limited preparatory or decedent research.
- To prevent or lessen a serious and imminent threat to the health or safety of you or others.
- For specialized government functions, including military and veterans activities, national security, and protective services.
- As authorized by and to the extent necessary to comply with workers' compensation laws.

Persons Involved in Your Care

Unless you object, we may share information directly relevant to your care with a family member, friend, or other person you identify as involved in your care or in payment for your care. In an emergency, or if you are not present or able to agree, we will use our professional judgment to decide whether sharing is in your best interest. We may also share information with a disaster relief organization so your family can be notified of your condition and location.

Appointment Reminders and Health-Related Information

We may contact you to remind you of an appointment, to tell you about treatment alternatives, or to describe health-related benefits and services that may interest you. Where reasonable, we will follow any contact preference you have given us.

Uses and Disclosures That Require Your Written Authorization

The following always require your written authorization:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures for marketing purposes.
- Any sale of your protected health information.

Any other use or disclosure not described in this Notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

Substance Use Disorder Treatment Records

We do not provide substance use disorder treatment. From time to time, however, we may receive substance use disorder treatment records that are protected by federal law at 42 CFR Part 2, for example when we request records from a substance use disorder treatment program that has also cared for you. When we receive or maintain such records, additional restrictions apply:

- These records may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order that meets the requirements of Part 2.
- Once you consent to a disclosure for treatment, payment, or health care operations, the recipient may redisclose the information only as Part 2 permits.
- We are not required to keep Part 2 records physically separate from the rest of your record, and this Notice applies to them as it does to your other information.
- You may complain about a suspected Part 2 violation to us or to the Secretary of the U.S. Department of Health and Human Services, using the contact information at the end of this Notice.

Your Rights Regarding Your Health Information

Right to Inspect and Obtain a Copy

You may inspect and obtain a copy of the medical and billing records we use to make decisions about your care. If we keep those records electronically, you may request an electronic copy and ask that it be sent to a person or entity you designate. We may charge a reasonable, cost-based fee. In limited circumstances we may deny a request, and certain denials are subject to review.

Right to Request an Amendment

If you believe information in your record is incorrect or incomplete, you may ask us in writing to amend it and give a reason for the request. We may deny the request if the information was not created by us, is not part of the records we keep, is not information you would be permitted to inspect, or is accurate and complete. If we deny it, you may submit a statement of disagreement to be kept with your record.

Right to an Accounting of Disclosures

You may request a list of disclosures we made of your health information, other than disclosures for treatment, payment, or health care operations, disclosures you authorized, and certain other exceptions. The first accounting in any twelve-month period is free.

Right to Request Restrictions

You may ask us to limit how we use or disclose your information for treatment, payment, or health care operations, or to a person involved in your care. We are not required to agree, with one exception:

- If you pay for a service or item in full, out of pocket, and ask us not to share that information with your health plan, we must agree, unless the disclosure is otherwise required by law.

Right to Request Confidential Communications

You may ask us to contact you in a specific way or at a specific location, for example only at a particular phone number or address. We will accommodate reasonable requests and will not ask you why.

Right to a Paper Copy of This Notice

You may ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Right to Be Notified of a Breach

We will notify you if a breach occurs that may have compromised the privacy or security of your unsecured health information.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will verify that person's authority before we act.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We must notify you promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us in writing that we may. If you do, you may change your mind at any time, in writing.

Changes to This Notice

We reserve the right to change this Notice and to make the revised Notice effective for information we already have as well as information we receive in the future. The current Notice will be posted in our offices and on our website at cviscottsdale.com and will show its effective date. You may obtain a copy at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Official using the contact information below, or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights.

Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Telephone 1-877-696-6775. Complaints may also be filed online at hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you, and will not require you to waive any right, for filing a complaint.

Contact Us

Privacy Official: Amber Grimsrud

Cardio Vascular Institute of Scottsdale

10101 N 92nd Street, Suite 101, Scottsdale, AZ 85258

Telephone: (480) 747-6532

Privacy inquiries email: amber@cviscottsdale.net

Effective Date of this Notice: October 1, 2026

This Notice replaces any prior Notice of Privacy Practices issued by CVIS.

ACKNOWLEDGMENT OF RECEIPT

Keep this page with the patient record. Federal law requires a good faith effort to obtain a written acknowledgment at the first service visit only, not at every visit.

I acknowledge that I have been offered a copy of the Notice of Privacy Practices of the Cardio Vascular Institute of Scottsdale.

Patient name (please print): _____

Signature: _____ Date: _____

If signed by a personal representative, print name and describe authority:

_____

For office use only, if acknowledgment was not obtained

Federal law requires that we document our good faith effort and the reason acknowledgment was not obtained.

Good faith effort made by: _____ Date: _____

Reason not obtained: _____