

## 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 –

#### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you in accordance with all federal and state laws. When you receive services at the Center we create a record and need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to the Center's records that are generated by your visit to our Center, whether these records are made by the Center or your personal doctor.

#### **WHO WILL FOLLOW THESE PRIVACY PRACTICES:**

This notice describes the practices of this center (the "Center") and that of any health care professional who is authorized to practice at the Center and to enter information into your medical record at the Center. All Center employees, staff and other personnel at the Center have agreed to follow the terms of this notice. In addition, these entities, sites and individuals may share medical information with each other for the treatment, payment or Center operations purposes described in this notice.

#### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and may give some examples. While not every use or disclosure in a category is listed, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment/services. We may disclose medical information about you to doctors, nurses, technicians, or other Center personnel who are involved in your care at the Center. For example, a radiologist may need to know your health history to determine whether or not you are an appropriate candidate for contrast media. To assist with your care outside the Center, we may disclose your medical information to your doctor or other health care providers. For example, we may provide your medical information to a doctor who is seeing you in his or her office.

- **For Payment.** We may use and disclose medical information about you so that the treatment/services you receive may be billed to and payment collected from you, your insurance company or a third party. For example, we may need to give your health plan information about an imaging procedure you received at the Center so your health plan will pay us or reimburse you for the procedure.

- **For Health Care Operations.** We may use and disclose medical information about you for Center operations or for operations related to organized health care arrangements with radiologists who treat you at the Center. These uses and disclosures are necessary to run the Center. For example, we may use medical information to review our services and to evaluate the performance of our staff in caring for you.

- **Health Information Exchange.** We may use and disclose and disclose medical information about you to facilitate a "Health Information Exchange". Health Information Exchange is the sharing of healthcare information electronically among doctors, hospitals, and other healthcare providers within a region or community. Basic identifying and medical information may be shared with other health care providers that are treating you through a health information exchange.

- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment/services at the Center.

- **Procedure Alternatives or Health Related Benefits or Services.** We may use and disclose medical information to tell you or your physician about or recommend possible treatment options or alternatives that may be of interest to you or more appropriate. We may also use and disclose medical information to tell you about health-related benefits or services that may be of interest.

- **Business Associates.** We may disclose medical information to those that we contract with as business associates so that they may do their jobs on behalf of the Center. Examples include management services, transcription services and translator services. We require that all business associates implement appropriate safeguards to protect your medical information.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Except in certain limited situations, such as an emergency or if you are unable to communicate, we first will give you the opportunity to agree or object to this disclosure.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone who is likely to help prevent the threat.

#### **SPECIAL SITUATIONS:**

- **Military Personnel.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensation.** We may release medical information about you to the extent required by law for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Activities.** We may disclose medical information about you as authorized by law for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to report workplace illness or injury; or
- to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

• **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

• **Lawsuits and Disputes.** If you are involved in a lawsuit, a dispute, or some other legal action, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if the requesting party states that it has made efforts to tell you about the request or to obtain an order protecting the information requested.

• **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- where required by federal, state, or local law;
- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person (but we will only give limited information);
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about criminal conduct at the Center; and
- in emergency circumstances to report: a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

• **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner as necessary, or required, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

• **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**OTHER USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you permit us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:** You have the following rights regarding medical information we maintain about you:

• **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information we put together to prepare for a legal action, and certain information covered by laws relating to laboratories. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Center. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may be able to request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. In certain limited situations, we will have to deny you access but will not be able to give you a review.

• **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Center. To request an amendment, your request must be made in writing and submitted to the Center. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for the Center;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If we deny your request for an amendment, we will notify you of the reason for the denial. If you disagree with our denial, you may submit a statement of disagreement or ask that your request become part of your record. In response, we may prepare a rebuttal statement. These will be made a part of your record.

• **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of most of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Center. Your request must state a time period which may not be longer than six years and may not include dates before 2004. Your request should indicate in what form you want the list (e.g., on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

• **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request restrictions, you must make your request in writing to the Center. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we inform you that we will no longer comply with your request.

• **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Center. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted. Agreements for confidential communications are conditioned upon obtaining information about how payment, if any, will be handled. We may terminate our agreement for confidential communications if payment arrangements are not honored.

• **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice and may keep this brochure. You may ask us to give you a copy of this notice at any time.

**OUR RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION:** We are required by law to (1) keep medical information that identifies you private; (2) give you this notice of our legal duties and privacy practices with respect to medical information about you; and (3) follow the terms of the notice that is currently in effect.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We reserve the right to make the changed notice effective for medical information we already have about you as well

as any information we receive in the future. We will post a copy of the current notice in the Center. The notice will contain on the first page, in the top left-hand corner, the effective date.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the Center by contacting our Privacy Officer at 1-877-TIIP-OFF. In addition, you may file a complaint with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

**If you have any questions about this notice, please contact the Privacy Officer at (877) TIIP-OFF or by e-mail to [PrivacyOfficer@InSightHealth.com](mailto:PrivacyOfficer@InSightHealth.com).**