



THE RADIOLOGY CLINIC

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HIPAA Notice of Privacy Practices

We have a legal duty to safeguard your Protected Health Information (PHI)

Uses and Disclosures of Protected Health Information- Your protected health information may be used and disclosed by our office and others outside of our office that are involved in your care for the purpose of providing health care services to you, supporting the operation of this practice, to satisfy your acquired medical bills at this practice, and any other use required by law.

Treatment- We will use and disclose your protected health information to provide or manage your health care and any related services. This includes the coordination of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to treat you.

Payment- Your protected health information will be used, if necessary, to satisfy payment for your health care services rendered by this practice. Parties involved include, but are not limited to, insurance companies and billing professionals.

Healthcare Operations- We may use or disclose your protected health information in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting other business related activities including consulting and billing. For example, we may call you by name in the waiting room when your exam is to be started. We may use or disclose your protected health information, as necessary, to contact you as a reminder of your appointment.

We May Disclose Your Protected Health Information Without Your Authorization- Situations include requests required by law or other oversight committees. This includes, but is not limited to, Public Health, Communicable Disease, Health Oversight, Abuse or Neglect, FDA Administration Requirements, Legal Proceedings including Personal Injury Litigation, Law Enforcement and Criminal Oversight Agencies including Correctional Facilities, Coroners Office, Organ Donations, Research, Military Activity and National Security, Workers Compensation, and Appointment Reminders. We may disclose your Protected Health Information in the event that a serious threat is posed to public health or safety.

Required Uses and Disclosures- Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of section 164.500.

Other Permitted and Required Use and Disclosures- Will be made only with your consent, authorization, or opportunity to object unless required by law.

Your Rights- Following is a list of statements listing your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information under federal law. You may request to see or receive an electronic or paper copy of your medical record and other health information we have collected. We will provide a copy or summary of your health information within 30 days of your request. We may charge a reasonable cost-based fee. This request should be directed to the Medical Director or Director of Operations. You may not be able to inspect or copy psychotherapy notes, information compiled in anticipation of a civil, criminal, or administrative proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to disclose part of your protected health information. Your request must be in writing, state the specific restriction requested and to which party the restriction is to be applied to. We are not bound to agree to a restriction that you may request. If we believe it is in your best interest to disclose your health information, it shall not be restricted. In the event emergency services must be rendered by this practice, violation may be necessary. At this time, and any time during your experience with the practice, you have the right to use another healthcare professional for services.

You have the right to request and receive communications from us by alternative means or at an alternative location. This may include communications at a place of business, a different location, phone or email address, or other requests as you see fit. The practice will comply with all reasonable requests.

You have the right to request an amendment to your protected health information. If we deny your request, you have the right to file a statement of disagreement with the practice that shall be noted in your file.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This accounting will include instances within 6 years of the request. The request should be directed to the Medical Director or Director of Operations. We may not release information regarding healthcare or practice management or operations related to your care. We are required by law to maintain your privacy and to provide you with this notice. We reserve the right to change the terms of this notice at any time. Upon changing, we will promptly post a new notice.

You have the right to choose someone to act for you. If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your right and make choices about your protected health information.

You have the right to receive a written copy of this notice at any time. Request should be directed to the Medical Director or the Director of Operations. Please allow 5-10 business days to complete your request if physical mailing is desired.

You may revoke this authorization at any time except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indication in the authorization. Your revocation must be made in writing.

Complaints- You may file a complaint to us by letter, phone call, or email as listed in the first page of this document. Complaints should be directed to the Medical Director or Director of Operations. You may also file a complaint with the Secretary of Health and Human Services if you believe your privacy right have been violated by this practice. A letter may physically be sent to US Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington D.C. 20201. A phone call may be placed at 1-877-696-6775. You may also lodge a complaint electronically by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Revised Effective May 15, 2019