

Radiology Medical Group of Santa Cruz County, Inc.

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.

ABOUT THIS NOTICE.

We are required by law to maintain the privacy of Protected Health Information and give you this Notice explaining our privacy practices with regard to that information. You have certain rights - and we have certain obligations - regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice. We also have the right to change the terms of this notice, and to make the new notice effective for all health information we maintain. If we make material changes to this notice, you will be provided an updated copy at your next office visit.

WHAT IS PROTECTED HEALTH INFORMATION?

“Protected Health Information is information that individually identifies you and that we create or get from you or from another healthcare provider, health plan, your employer, or a healthcare clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of healthcare to you, or (3) the past, present, or future payment for your healthcare.

HOW WE MAY USE AND SHARE YOUR PROTECTED HEALTH INFORMATION. We maintain health-related records about you, including medical records and billing and payment information. We use this information and share it with others for the following purposes:

Treatment. We use your health information to provide healthcare to you and to coordinate your healthcare with other providers, and we share it with other healthcare providers to enable them to provide healthcare services to you. For example, if we refer you to a specialist physician we send all or a part of your health record to the specialist to assist him or her in evaluating and treating you.

Payment. We use and share your health information to obtain payment for healthcare services we provide to you, including determining your eligibility for benefits. For example, we may send a claim to your insurer that contains information about the services we provided to you, or we may send a bill to a family member who is responsible for paying for your care.

Healthcare operations. We use and share your health information as necessary to enable us to operate our medical practice. For example, we use our patients' claims information for our internal financial accounting activities, and we review health records to ensure quality.

Electronic Sharing and Pooling of Your Information. We may take part in or make possible the electronic sharing or pooling of healthcare information. This helps doctors, hospitals and other healthcare providers within a geographic area or community provide quality care to you, “healthcare exchange”.

We also share health information with our Business Associates who assist us in these functions, but we obtain a confidentiality agreement from them before we make such disclosures for payment or operational purposes. For example, companies that provide or maintain our computer systems may have access to computerized health information in the course of providing services to us.

Contacting you. We may contact you to provide appointment reminders or information about treatment options available to you. We may also contact you about other health-related services that may interest you.

Others involved in your care. Unless you object, we may disclose medical information to a friend or family member who is involved in your care, to the extent we judge necessary for their participation.

Other Disclosures. We may disclose health information without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which we are required or authorized by law to do so. Here are the general kinds of disclosures we may be required or allowed to make without your authorization:

- Disclosures that are required by state or federal law
- Disclosures to public health authorities or to other persons in connection with public health activities
- Disclosures to government agencies authorized to receive reports of abuse or neglect of children or dependent adults, or domestic violence
- Disclosures to agencies responsible for overseeing the healthcare system, for audits, inspections or investigations
- Disclosures for judicial and administrative proceedings, such as lawsuits
- Disclosures to law enforcement agencies
- Disclosures to coroners and medical examiners
- Disclosures to organ procurement agencies, if you are an organ donor or a possible donor
- Disclosures to researchers conducting research under the auspices of an Institutional Review Board or privacy board
- Disclosures to avert a serious threat to health or safety
- If you are a member of the armed forces or a veteran, we may release health information to your military command authority or to the veterans' administration to assist in determining your eligibility for veterans' benefit Disclosures to assist authorized federal officials in national security activities, or for the provision of protective services to officials
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the institution or official
- Disclosures to other agencies administering government health benefit programs, as authorized or required by law
- Disclosures to comply with workers' compensation laws.

Limitations. In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described above. For example, government health benefit programs may limit the disclosure of health information for purposes unrelated to the program. In addition, there are special restrictions on the disclosure of health information relating to HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information.

Authorization. Except as described above, we will not permit other uses and disclosures of your health information without your written authorization, which you may revoke at any time in the manner described in our authorization form. We never market or sell personal information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

As a patient of the practice you have the following rights, subject to certain limitations, regarding your Protected Health Information:

- You have the right to receive confidential communications from us, for example by asking us to contact you at a particular telephone number, post office box or other address.
- You have the right to see and copy certain records that we maintain. These include our medical records and billing records concerning you. You may also request that we send electronic copies directly to a person or entity chosen by you. We will give you a form to fill out to make the request. Under certain circumstances, we may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal the denial.
- If you feel the information in our records is **wrong**, you have the right to request us to amend the records. We may deny your request in certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.
- You have the right to ask us in writing to restrict certain uses and disclosures of your health information. Any time you make a written request, we will consider the request and tell you in writing of our decision to accept or deny your request. We are legally required to agree to only one type of restriction request - if you have paid us in full for a health procedure or item for which we would normally bill your health plan, we must agree to your request not to share information about that procedure or item with your health plan.

- You have the right to receive a report of non-routine disclosures that we have made of your health information, up to six years prior from the date of your request (but not earlier than April 14, 2003). Your request must be in writing and state the time period for the listing. The first request in a 12-month period is free. We will charge you for any additional requests for our cost of producing the list. We will give you an estimate of the cost when you request the additional list. There are some exceptions: for example, we do not maintain records of disclosures made with your authorization; disclosures made for the purposes of treatment, obtaining payment for health services, or operating our medical practice; disclosures made to you; and certain other disclosures.
- You have a right to opt out of the “healthcare exchange”.
- You have a right to be notified upon a breach of any of your unsecured Protected Health Information.
- If you received this notice electronically, you have the right to request a paper copy from us at any time.

HOW TO EXERCISE YOUR RIGHTS.

You can exercise any of your rights by sending a written request to our Privacy Official at the address below.

The foregoing is a general statement of your rights. They are subject to all limitations permitted or required by law.

HOW TO FILE A COMPLAINT IF YOU FEEL YOUR PRIVACY RIGHTS ARE VIOLATED. You have the right to file a complaint with our Privacy Official if you believe your privacy rights have been violated. You must provide us with specific, written information to support your complaint. You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you in any way for filing a complaint.

Contact us at:

Radiology Medical Group of Santa Cruz County, Inc.
 1661 Soquel Drive, Bldg. G
 Santa Cruz, CA 95065
 Telephone: (831) 476-7711
 Fax: (831) 476-6189

Contact the U.S. Department of Health and Human Services at:

Office for Civil Rights
 U.S. Department of Health and Human Services
 90 7th Street, Suite 4-100
 San Francisco, CA 94103
 Voice Phone (800) 368-1019
 FAX (415) 437-8329
 TDD (800) 537-7697

Or

Office for Civil Rights
 U.S. Department of Health and Human Services
 200 Independence Avenue, S.W.
 Room 509F HHH Bldg.
 Washington, D.C. 20201