

Radiology Associates, LLP

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

Radiology Associates, L.L.P is required to follow specific rules on maintaining the confidentiality of your protected health information (PHI), and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide our treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

Your Health Information Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Forms are available on our website: <http://www.xraydocs.com> , or by contacting Radiology Associates at (361) 887-7000. Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions regarding these policies with our staff.

- **You have the right to receive, and we are required to provide you with a copy of this Notice of Privacy Practices** – You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Paper copies of this notice may be obtained from our registration desk. We will provide you with a paper copy promptly. You may obtain an electronic copy of this notice on our web site at <http://www.xraydocs.com>.
- **You have the right to get an electronic or paper copy of your medical record or health and claims record.** You can ask to see or get an electronic or paper copy of your medical record or health and claims records and other health information we have about you. Radiology Associates LLP may charge you a reasonable, cost-based fee for copying your information. You must make this request in writing.
- **You have a right to ask us to limit what we use or share.** You may ask us, in writing, not to use or share certain health information for the purpose of treatment, payment or healthcare operations. If you personally pay in full for an item or service or someone other than your health plan pays in full for the service on your behalf, you can ask us not to share that information or the purpose of payment or our operations with your health insurer. We will say “yes” if you have already paid in full for the item or service unless a law would require us to share that information. Otherwise, we are not required to agree to your request, and we may say “no” if it would affect your care.
- **You have the right to request an alternative means of confidential communication.** You have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), or to send information to a specific destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice, of how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.
- **You have the right to request an amendment to your protected health information (PHI).** You may ask us to correct your health information or health and claims records if you think they are incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days of your request. You must make your request in writing and you must provide a reason for the request.
- **You have a right to request disclosure accountability.** You may request a list (accounting) of disclosures that we have made of your PHI to entities or persons outside of our offices. We will include all disclosure except those about treatment, payment, or health care operations, or certain other disclosures (such as any you asked use to make). We will include each disclosure we made for the past six (6) years, unless you request a shorter period of time. We will provide one accounting a year for free, but will charge you a reasonable, cost-based fee if you request another one within 12 months.

- **You have a right to receive a privacy breach notice.** You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.
- **You have the right to choose some to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **You have the right to file a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting our Privacy Officer at 361-887-7000. You can also file a complaint with the United States Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf. *You will not be penalized or retaliated against in any way for filing a complaint.* We will not require you to waive your right to file a complaint as a condition of provision of services.

Your Health Information Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situation described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and the choice to tell us to:

- Share information with you family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory.

We may never share your information unless you give us written permission in the following cases:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

The following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

- **Treatment** – We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to your referring physician to notify him or her of your test results. We will also disclose your PHI to other healthcare providers who may be involved in your care and treatment.
- **Payment** – Your PHI will be used, as needed, to obtain payment of your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services, such as eligibility or pre-certifications. Also, we share your health information with your other health care providers to assist those providers in obtaining payment from your insurance companies or a third-party payer.
- **Healthcare Operations** - We can use and share your health information to run our organization, improve your care, and contact you when necessary. This includes, but is not limited to, business planning and development, quality assessment and improvement, medical review, legal services, auditing and patient safety issues.
- **Business Associates** – We can share your health information with our business associates for any of the purposes listed above.

- **Electronic Transmissions** – We may share your information electronically. We may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or health operations.

We are further allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. These examples include:

- **Assisting with public health and safety issues** – We can share health information about you for certain situations such as preventing disease, helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone’s health or safety.
- **Research** – We can use or share your information for health research. We can share your health information for these activities in a limited data set, which excludes some identifying information.
- **Comply with the law** – We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- **Organ and tissue donation requests** – We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director** – We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers’ compensation, law enforcement, and other government requests** – We can use or share health information about you for workers’ compensation claims; for law enforcement purposes or with a law enforcement official or correctional institution; with health oversight agencies for activities authorized by law; or for special government functions, such as military, national security and presidential protective services.
- **Respond to lawsuits and legal actions** – We can share your information about you in response to a court or administrative order, or in response to a subpoena.
- **To others involved in your healthcare** – Unless you object, we may disclose to a member of your family, a close friend, or any other person, that you identify, your PHI that directly relates to that person’s involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of your PHI, then your healthcare provider, may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

CHANGES TO THE NOTICE.

We can change the terms of the notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Updated August, 2014