



A1 MEDICAL IMAGING®

A Consolidated Healthcare Company

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.

This notice was published and becomes effective on June 2008 and will remain in effect until we replace it.

If you have any questions about this notice, please contact the Center Manager listed on the back of this notice.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of Protected Health Information referred to as “Health Information”.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our *Compliance Officer*. You may also request restricted disclosure of your health information. (See “Right to Request Restriction”).

TREATMENT:

We may use and disclose Health Information for your treatment and to provide you with treatment related to health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside of our office, who are involved in your medical care and need the information to provide you with medical care.

PAYMENT:

We may use and disclose Health Information so that we or others may bill and/or receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may provide your health plan information to an insurer so that they will pay for your treatment.

HEALTHCARE OPERATIONS:

We may use and disclose Health Information for day to day business office activities. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use the sign in sheets and call you by name in the waiting areas.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES AND HEALTH RELATED BENEFITS AND SERVICES:

We may use and disclose Health Information to contact you and to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about services that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:

When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

RESEARCH:

Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one diagnostic procedure to those who received another. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

Special Situations**AS REQUIRED BY LAW**

We will disclose Health Information 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 Health Information when necessary to prevent serious threat to your health and safety or the health and safety of another person. Disclosure however, will be made only to someone who may be able to help prevent the threat.

BUSINESS ASSOCIATES:

We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services. For example, we may use a third party to perform transcription services on our behalf. That third party would be our business associate. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as agreed upon.

MILITARY AND VETERANS:

If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

WORKERS COMPENSATION:

We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS:

We may disclose Health Information for public health activities. These activities generally include disclosures to: prevent or control disease, injury or disability; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; and the appropriate governmental authority if we believe a patient has been a 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 Health 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 authorized by law. 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 or a dispute, we may disclose Health Information in response to a court or administrative order. We may also disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT:

We may release Health Information if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises. We may disclose in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:

We may release Health Information to authorized federal officials related to national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:

We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct a special investigation.

INMATES OR INDIVIDUALS IN CUSTODY:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official (1) for the institution to provide you with health care; or (2) to protect your health and safety or the health and safety of others.

YOUR RIGHTS

You have the following rights regarding Health Information we have about you:

RIGHT TO INSPECT AND COPY:

You have a right to inspect and receive a copy of Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and receive a copy of this Health Information, you must make your request, in writing, to the Center Manager.

RIGHT TO AMEND:

If you feel that Health Information we possess 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 our office. We are not required to agree to your request. If we agree, we will comply with your request. To request an amendment you must make your request in writing to the Center Manager.

RIGHT TO AN ACCOUNTING OF DISCLOSURES:

You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations, or for disclosures for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to the Center Manager.

RIGHT TO REQUEST RESTRICTIONS:

You have the right to request a restriction or limitation on the Health Information used or disclosed for treatment, payment, or healthcare operations. You also have the right to request a limit on the Health Information we disclosed to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnostic test result or treatment with your spouse. To request a restriction, you must make your request in writing, to the Center Manager. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

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 by mail or at work. To request confidential communications, you must make your request in writing, to the Center Manager. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE:

You have the right to a paper copy of this notice. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain additional paper copies of this notice, please ask our receptionist staff.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any new information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health & Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint. To file a complaint with our office, contact our Privacy Officer at the following address:

FOR QUESTIONS OR CONCERNS,

PLEASE CONTACT:

Joy Easterwood

COMPLIANCE ADMINISTRATOR:

2 North Tamiami Trail, Ste 210

Sarasota, FL 34236

Phone: 941-806-1217