

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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 of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be provided a copy of this notice. Our intent is to make sure you are aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your acknowledgment. If you decline to acknowledge the notice, we will continue to provide your treatment.

WHO WILL FOLLOW THIS NOTICE

This notice describes **Diagnostic Imaging Northwest** best business practices with regards to protected health information, including business associates.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected health information” is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services.

Diagnostic Imaging Northwest is required by law to do the following:

- Make sure that your protected health information is kept private, confidential and apply the proper security safeguards.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect. Communicate any changes in the notice to you.
- We reserve the right to make a revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR THE FOLLOWING:

Treatment: to provide, coordinate, or manage your health care and any related services. In emergencies, we will use and disclose your protected health information to provide the treatment you require. We may also disclose Information about you to organizations/individuals involved in your care who are outside of our practice, such as consulting physicians or laboratories.

Payment: Your protected health information will be used or disclosed as needed, to verify eligibility for healthcare **treatment** and/or to obtain payment for your health care services.

Health Care Operations: We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, training of medical students, licensing, communications about a product or service, and conducting or arranging for other health care related activities. We will

share your protected health information with third-party “business associates” who perform various activities (for example, billing, transcription services) the business associates will also be required to protect your health information.

Required by Law, and National Security, for Law Enforcement purposes also to authorized Federal Officials.

Public Health: We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information to prevent, or control disease, injury, or disability.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration.

Legal Proceedings: During any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Patients will be asked to sign that they have received the notice prior to procedures being done. If there are any questions about our privacy or security processes, please direct them to our Privacy Officer at 253-841-4353.