

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996  
PRIVACY OF HEALTH INFORMATION**

I acknowledge the receipt of (HIPAA Form # 12.0 4/14/03 Revised 5/9/05), Atlantic Radiologic Imaging's Privacy Policies. If I should have any further questions, I may contact the HIPAA Compliance Officer of Atlantic Radiologic Imaging.

HIPAA Compliance Officer  
345 Seaview Avenue  
Staten Island, NY 10305  
(718) 980-4888

Name: \_\_\_\_\_ DATE: \_\_\_\_\_

**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.**

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the privacy practices of:

- Atlantic Radiologic Imaging ("ARI")

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting the privacy of medical information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by ARI. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's own office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may record in your medical record medical information about you and we may use this medical information to provide you with medical treatment or services. We may disclose medical information about you to your personal doctors, hospitals, nurses, technicians, medical students, or other health care personnel who are involved in taking care of you. This information is necessary for these health care providers to determine what medical treatment you should receive. We also may disclose medical information about you to people who may be involved in your medical care, such as family members in certain circumstances, or other medical providers who will provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about tests we provided to you so your health plan will pay us or reimburse you for the test. We may also tell your health plan about a test or treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the test or treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for our operations. These uses and disclosures are necessary to run ARI, and make sure that all of our patients receive quality care. For example, we may use medical information about you to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new tests or treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other medical providers to compare how we are doing and see where we can make improvements in the quality of care and services we offer.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for a test or treatment at ARI.
- **Treatment Alternatives and Health-Related Services.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a family member, other relative, close personal friend or persons you identify information that is relevant to that person's involvement in your care or payment related to your care. We may use or disclose information to assist in notifying a family member, personal representative or other person responsible for your care, information about your location and

general condition.

- **Workers' Compensation.** We may use or disclose medical information about you to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

- **Coroners and Medical Examiners.** We may release medical information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one test or treatment to those who received another, for the same condition. All research projects, however, must be approved by a privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may also disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the ARI.

- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;

- to report deaths;

- to report child abuse or neglect;

- to report reactions to medications or problems with products;

- to notify people of recalls of products they may be using;

- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- to notify the appropriate government authority if we believe a patient has been the 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 medical 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 necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical

information about you when necessary to prevent a serious threat to the health and safety of you or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 medical information about you if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;

- To identify or locate a suspect, fugitive, material witness, or missing person;

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

- About a death we believe may be the result of criminal conduct;

- About criminal conduct at ARI; and

- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **National Security, Intelligence Activities and Protective Services.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law and for protective services for certain public and foreign officials.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the correctional institution to provide you with health care; (2) to protect the health and safety of you or other inmates; or (3) for the safety and security of the correctional institution.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent that action has already been taken by ARI.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by ARI will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you 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 ARI. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

Is not part of the medical information kept by or for ARI;

Is not part of the information that the law permits you to inspect and copy; or

Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of your protected health information. This accounting is a list of certain disclosures we made of medical information about you for reasons other than treatment, payment and healthcare operations. To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting (for example, on paper, electronically). We may charge you for the costs of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure you had. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**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 at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice by contacting the Privacy Officer.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all ARI offices. The notice will contain on the first page, under the title of this document, the effective date. If we revise our notice, we will provide you with a revised copy the next time that you come to ARI for services.

## **COMPLAINTS AND CONTACT INFORMATION**

If you have any questions about this notice or wish to request further information, contact the Privacy Officer listed below. If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **We will not retaliate against you in any way for filing a complaint.**

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