

# FORT COLLINS MRI and POUDRE VALLEY OPEN MRI, LLC

## NOTICE OF PRIVACY PRACTICES

**This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information.** Protected Health Information is information about you, including demographic information that may identify you and that relates to your past, present or future health or condition. You will be asked to acknowledge receipt of this notice. This notice will be effective for all protected health information that we maintain at this time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling this office to request that a revised copy be sent to you or asking for one at the time of your next appointment.

### Uses and Disclosures of Your Health Information

The following are examples of the types of uses and disclosures that our company is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

**Treatment:** We will use and disclose your health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that will also provide you with their Notice of Privacy Practices. We will disclose your health information to other physicians who may be treating you. For example, your health information may be provided to a physician of your choice, or to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you. We will disclose your health information to a radiologist to read and interpret your tests and the radiologist will report back to your physician about your tests. In addition, we may, disclose your health information to another physician or health care provider (e.g., a specialist or laboratory) who becomes involved in your care.

**Payment:** Your health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may require before it approves or pays for the health care services that have been requested by your physician (e.g., making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities). We may also disclose your health information to other providers who have a relationship with you to allow them to bill for any services they provide you. For example, we may disclose your health information to the radiologist who interpreted your tests so that the radiologist may bill for his or her services.

**HealthCare Operations:** We may use and disclose medical information about you for our operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care, 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 of our patients to decide what additional services we should offer, what services are not needed, and whether certain new procedures are effective. We may also disclose information to company personnel for review and learning purposes. We may also combine the medical information we have with similar information of other imaging facilities to compare how we are doing and see where we can make improvements in the care and services we offer. In such a circumstance, we will remove certain information that identifies you from this set of medical information so that others may use it to study health care and health care delivery without learning who the specific patients are.

**Incidental Disclosures:** For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate the name of your physician. We may also call you by name in the waiting room when we are ready for you.

**Appointment Reminders:** We may use or disclose your health information, as necessary, to contact you to remind you of your appointment.

**Contractors:** We will share your health information with third party “business associates” that perform various activities (e.g., billing services, transcription services, medical record storage services) for the company.

Whenever an arrangement between our company and another company performing a service on our behalf involves the use or disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information.

**Treatment Options:** We may use and disclose medical information to tell you about or recommend possible imaging options or alternatives that we offer and that may be of interest to you.

**Individuals Involved in Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care or is involved in paying for your medical care. If you do not want us to do this, please tell the receptionist or write to the contact person listed below.

**Emergencies and Barriers to Communications:** We may make disclosures in the case of an emergency. We may also disclose your health information when there is a communication barrier if, using our professional judgment, we determine that you intend to allow the use or disclosure under the circumstances.

**Opportunity to Object.** You may agree or object to certain uses or disclosures of all or part of your health information. If you are not available or able to agree or object to the use or disclosure of your health information, we may, using professional judgment, determine whether the disclosure is in your best interest, within the extent of the law.

**Required by Law:** We may use or disclose your health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. These disclosures may be made for the purpose of controlling disease, injury or disability. We may also disclose your health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Medical Records and Information:** Medical records and medical information, such as X-rays, electrocardiograms, electroencephalograms, and communications necessary for your treatment will not be released in a manner that constitutes theft under Colorado law.

**Genetic Testing Information:** Under Colorado law, if we keep genetic testing results about you, we will only release this information for your treatment, in criminal investigations, in research where your identity is protected, or if required by law. Otherwise, we will only disclose this information with your written consent.

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

**Abuse or Neglect:** We may disclose your health information to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable recalls; or to make repairs or replacements, as required.

**Legal Proceedings:** We may disclose health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the

event that a crime occurs on the premises of this facility, and (6) medical emergency (not at this facility) and it is likely that a crime has occurred.

**Research:** We may use your health information for research projects. To do this, we will either ask your permission to use your health information or we will use a special process that protects the privacy of your health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose health information of individuals who are Armed Forces personnel: (a) for activities deemed necessary by appropriate military command authorities; (b) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (c) to foreign military authority if you are a member of that foreign military services. We may also disclose your health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your health information if you are an inmate of a correctional facility and your physician created or received your health information in the course of providing care to you.  
[DELETE IF DOESN'T APPLY]

**Required Uses and Disclosures:** Under the law, we must make disclosures to you or your representative and when required by the Secretary of the Department of Health and Human Services to investigate our compliance with the patient privacy laws or other laws.

**Specially Protected Disclosures:** Under some states' laws, certain health information receives special protection, such as genetic testing information or HIV/AIDS information. We will comply with more stringent state laws to protect your health information and, if required, we will give out this information only with your permission.

**With Your Authorization:** Other uses and disclosures of your health information will be made only with your written authorization, unless permitted or required by law. You may revoke an authorization at any time, in writing.

## **Your Rights**

Following is a statement of your rights with respect to your health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your health information.** This means you may inspect and obtain a copy of health information about you that is contained in a designated record set for as long as we maintain the health information. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative actions or proceeding, and health information that is subject to law that prohibits access to health information. Depending on the circumstances, you may object to a decision to deny access and you may have a right to have this decision reviewed. A form is available at this facility to request an inspection or copy of your health information.

**You have the right to request a restriction of your health information:** This means you may ask us not to use or disclose any part of your health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your health information not be disclosed to family members or friends who may be involved in your care, in payment for your care, or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We *ARE NOT REQUIRED* to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your health information, your health

information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment. A form is available at this facility to request a restriction of your health information.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location:** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. A form is available at this facility to request alternative means or locations to receive confidential communications.

**You may have the right to have us amend your health information.** This means you may request an amendment of health information about you in a designated record set for as long as we maintain this information. In certain cases, we may *DENY* your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. A form is available at this facility to request amendments to your health information.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your health information:** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice,** upon request, even if you have agreed to accept this notice electronically.

**Questions or Complaints:** Questions may be directed to us by phone or e-mail. You may further contact us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by contacting our Privacy Officer through our Compliance phone line at (415) 883-6269, or email address [complianceofficer@cairad.com](mailto:complianceofficer@cairad.com) or mail address P.O. Box 6102, Novato, CA 94948. **You will not be retaliated against or penalized for filing a complaint and we will continue to provide you treatment.**

**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. In addition, each time you register at this facility for health care services, we will offer you a copy of the current notice in effect.

*This notice is effective as of April 14, 2003.*