



OUR EXPERIENCE MATTERS.
AND SO DOES YOURS.

PATIENT BILL OF RIGHTS

Your Authorization – Except as outlined below, we will not use or disclose your PHI (Protected Health Information) unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in the reliance upon the authorization or that the authorization was obtained as a condition of obtaining insurance, and we have the right, under other law, to contest a claim under the policy or the policy itself.

Uses and Disclosures for Payment – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or another Health Plan.

Other Uses and Disclosure – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, **Southtowns Radiology** may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth or death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be victim of abuse, neglect or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for the enforcement of HIPAA.



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PRIVACY NOTICE

IMPORTANT: Please review the Privacy Notice. The notice describes how your medical information may be used and disclosed. The notice also provides information on how you can access your information. If you have any questions about it, please contact the Southtowns Radiology Privacy Officer.

Southtowns Radiology has made a commitment to maintain the privacy of certain confidential healthcare information about you, known as Protected Health Information, or PHI. We are required by law to protect your health care information and to provide you with the attached Notice of Privacy Practices.

We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality, which the staff of Southtowns Radiology is committed to following at all times.

Purpose of This Notice. Southtowns Radiology is required by law to maintain the privacy of certain confidential healthcare information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Southtowns Radiology is permitted to use and disclose PHI about you.

Southtowns Radiology is also required to abide by the terms of the version of this Notice currently in effect. In most situations, we may use this information described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI. Southtowns Radiology may use PHI for the purposes of treatment, payment and health care operations, in most cases without your written permission. Examples of our use of your PHI:

1. **For treatment.** This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you. It also includes information we give to other healthcare professionals with a copy of the written record we create in the course of providing you with treatment.
2. **For payment.** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.
3. **For healthcare operations.** This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes and certain marketing activities.

Reminders. We may also contact you to provide you with a reminder of any scheduled appointments or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Use and Disclosures of PHI without Your Authorization. Southtowns Radiology is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations, including:

- For use in treating you or in obtaining payment for services provided to you or in other healthcare operations;
- For the treatment activities of another healthcare provider;
- To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as a hospital or insurance company);
- To another healthcare provider for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For healthcare fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your written or verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgement, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care;
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the healthcare system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). For example, per HIPAA, authorization is necessary for:

- The sale of your PHI
- Disclosure of psychotherapy notes

You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Providers must offer patients an opt-out if receiving fundraising communication to cease the receipt of the communication. Providers are also restricted in marketing when receiving payment to make marketing without patient authorization.

In the event of a breach of protected patient health information, Southtowns Radiology has a duty to notify the patients affected following a breach of their unsecured PHI.

Patient Rights. As a patient, you have a number of rights with respect to the protections of your PHI, including:

The right to access, copy or inspect your PHI. This means you may come to our office and inspect and request a copy of most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for copies of any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms to request access to your PHI, and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and obtain copies of your medical information, you should contact the Southtowns Radiology Privacy Officer.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, such as when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the Southtowns Radiology Privacy Officer.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or healthcare operations, or when we share your health information with our business associates, like our billing company or a medical facility.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the Southtowns Radiology Privacy Officer.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to the family, friends and other individuals involved in your healthcare. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a healthcare provider to provide you with emergency treatment. Southtowns Radiology is not required to agree to any restrictions you request, but any restrictions agreed to are binding by Southtowns Radiology EXCEPT if a patient pays out of pocket for a healthcare services and requests Southtowns Radiology to restrict disclosure of the PHI to the patient's health plan, then Southtowns Radiology must agree to the restriction unless the disclosure is required by law. Patients have a right to pay out-of-pocket.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice. Requests to transmit PHI to a third party must be in writing, signed by the individual and clearly identify the designated person and where to send the copy of the PHI. An electronic request with an electronic signature is acceptable.

Revisions to the Notice. Southtowns Radiology reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our office and posted to our website, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints. You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints, you may direct all inquiries to the Privacy Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

If you have any questions of if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

SOUTHTOWNS RADIOLOGY PRIVACY OFFICER: Paul F. Pizzella, MD

EFFECTIVE DATE OF THIS NOTICE: Updated March 9, 2021