

# California Advanced Imaging Medical Associates, Inc.

**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 (PHI) 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 Protected Health Information (PHI)**

The following are examples of the types of uses and disclosures that our company and/or related entity 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 PHI 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 PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI 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. In addition, we may, disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, **at the request of your physician**, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your PHI 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).

**HealthCare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our company. 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. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We will share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services, medical record storage duties) for the company. Whenever an arrangement between our company and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

## **Uses and Disclosures of Protected Health Information (PHI) based upon Your Written Authorization or Opportunity to Object**

Other uses and disclosures of your PHI will be made only with your written authorization, unless permitted or required by law as described below. You may revoke this authorization at any time, in writing. Examples include disclosure to a member of your family, close friend or any other person you identify as involved in your healthcare, in the case of an emergency, or when there is a communication barrier where, using our professional judgement, we determine that you intend to allow the use or disclosure under the circumstances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not available or able to agree or object to the use or disclosure of your PHI, we may, using professional judgement, determine whether the disclosure is in your best interest, within the extent of the law.

## **Other Permitted and Required Uses and Disclosures that may be made without your Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your authorization or opportunity to object:

**Required by Law:** We may use or disclose your PHI 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 PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI 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 PHI 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 PHI 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 PHI 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 PHI 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 PHI, 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 practice, and 6) medical emergency (not on these Premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, 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 PHI 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 PHI of individuals who are Armed Forces personnel 1) for activities deemed necessary by appropriate military command authorities; 2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or 3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI 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 PHI 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 PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

## **Your Rights**

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

**You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and 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 use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, 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 PHI.

**You have the right to request a restriction of your PHI:** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in 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 PHI, your PHI will not be restricted. If we do agree to the requested restriction, we may not use or disclose your PHI 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 PHI.

**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 PHI.** This means you may request an amendment of PHI 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 PHI.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** 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 occurred 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 complain to us or to 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). This notice was published and becomes effective on January 1, 2003.

*This notice was prepared from a draft provided by the American Medical Association and reproduction and use by physicians and their staff is permitted.*