



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Our goal is to take appropriate steps in an attempt to safeguard any medical or other personal information that is provided to us. We are required to: (i) maintain the privacy of your protected health information (“PHI”); (ii) provide notice of our legal duties and privacy practices, and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of our employees, staff and other office personnel.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address, and phone number.
- Information relating to your medical history.
- Your insurance information and coverage.
- Information concerning your doctor, nurse or other medical providers.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your “circle of care”- such as your referring physician, your other doctors, your health plan, and close friends or family members.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose your PHI in different ways. All of the ways in which we may use and disclose your PHI will fall within one of the following categories, but not every use or disclosure in a category will be listed.

- For treatment. We will use your PHI to furnish services and supplies to you, in accordance with our policies and procedures. For example, we will use your medical history, such as any presence or absence of lung disease to assess your health and perform requested imaging services.
- For Payment. We will use and disclose your PHI to bill for our services and to collect payment from you or your insurance company or other third party. For example, we may need to give a payer information about your current medical condition so that we may receive payment from them for your imaging services. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.
- For Health Care Operations. We may use and disclose your PHI for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations and tell us how to improve our services.
- Public Policy Uses and Disclosures. There are a number of public policy reasons why we may disclose your PHI.

We may disclose your PHI in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration (FDA), the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.

We are also permitted to disclose PHI to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally we may disclose PHI to a person subject to the FDA’s

power for the following activities: to report adverse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs or replacements or to conduct post marketing surveillance.

We may disclose your PHI in situations of domestic abuse or elder abuse. We may disclose PHI in connection with certain health oversight activities or licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to civil rights laws for which health information is necessary for determining compliance.

We may disclose PHI in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities.

We may release PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may release PHI to organ procurement organizations, transplant centers, and eye or tissue banks.

We may release your PHI to workers’ compensation or similar programs.

Your PHI also will be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

We may use or disclose certain PHI about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your PHI or other health information and data that has been de-identified or is otherwise anonymous in order to prepare or analyze a research protocol and for other research and development purposes.

If you are a member of the Armed Forces, we may release your PHI as required by military command authorities. We also may release PHI about foreign military personnel to the appropriate foreign military.

We may disclose your PHI for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release PHI in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release your PHI to a correctional institution where you are incarcerated or to law enforcement officials.

Finally, we may disclose PHI for national security and intelligence activities and for the provisions of protective services to the President of the United States and other officials or foreign heads of state.

Our Business Associates: We sometimes work with outside individuals and businesses who help us operate our business successfully. We may disclose your PHI to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your PHI.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your PHI to individuals involved in your care or in the payment for your care, but we will obtain your agreement before doing so. This includes people and organizations that are part of your “circle of care” – such as your spouse, your other doctors, or an aide who may be providing services to you. Although we must be able to speak with your other physicians or health care providers, you can let us know if we should not speak with other individuals such as your spouse or family.

Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Treatment Alternatives. We may use and disclose your PHI in order to tell you about or recommend possible treatment options, alternatives or health related services that may be of interest to you.

OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION.

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we 4829-0788-2690, v. 2

will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communications containing your PHI from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical and billing records about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

You have the right to ask for a list of instances when we have used or disclosed your PHI for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you give us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time.

To exercise any of your rights, please contact us in writing:

Administrator
c/o Salem Radiology Consultants, P.C.
2925 Ryan Dr. SE
Salem, OR 97301

CHANGES TO THIS NOTICE

We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised Notice effective for PHI we have about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.

COMPLAINTS/COMMENTS

If you have any complaints concerning our Privacy Policy, you may contact the:

Secretary of the Department
of Health and Human Services,
200 Independence Avenue SE, Room 509F,
HHH Building
Washington D.C., 200201

or (e-mail:ocrmail@hhs.gov). You also may contact us at:

Administrator
c/o Salem Radiology Consultants, P.C.
2925 Ryan Dr. SE
Salem, OR 97301
503-399-1262

To obtain more information concerning this Notice of Privacy Practices, you may contact our Privacy Officer as listed above. This Privacy Policy is effective April 14, 2003.

