

## **NOTICE OF PRIVACY PRACTICES OF PROFESSIONAL IMAGING**

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.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

Without your consent, we may use health information about you for treatment (such as sending your medical record information to a specialist physician as part of a referral), to obtain payment for treatment (such as sending billing information to a health insurance plan), and for administrative purposes (such as comparing patient data to improve treatment methods.)

We may also use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may disclose health information without your authorization for public health purposes, abuse or neglect reporting, auditing purposes, research studies, coroners, funeral arrangements and organ donation, workers' compensation purposes, judicial/ administrative proceedings/ specialized government functions to relatives/ friends involved in your treatment and payment for your treatment if you do not object, and in emergencies. We provide information when otherwise required by law. We may also contact you about appointment reminders. If we cannot reach you regarding appointment reminders we may leave a limited message on your answering machine or with the person who answers your telephone. Please inform us if you do not want to receive appointment reminders in any of these ways. In any other situation, we ask you for a written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses or disclosures.

We may change our policies at any time. Before we make a significant change in our policy, we will change our Notice and post the new Notice in the waiting area, in each examination room, and on our website. You can also request a copy of our Notice at any time. For information about our privacy practices, contact the person listed below.

### **INDIVIDUAL RIGHTS:**

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about your care. An example of when you may not have access to your health information is when you are participating in a research study. You may receive access after the research study is complete. You also have the right to receive a limited list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice was sent to you electronically, you may obtain a paper copy of the notice.

You may request in writing that we not use or disclose your information for treatment, payment, or administrative purposes. We will consider your request but we are not legally required to accept it.

### **COMPLAINTS:**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate upon request. Under no circumstances will you be retaliated against for filing a complaint.

### **OUR LEGAL DUTY:**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints regarding privacy,

Please contact:

Tyler Raasch (Office Manager) Telephone: (314) 743-2000

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_