

## *HIPAA Notice of Privacy Practices*

THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION. IT ALSO DESCRIBES YOUR RIGHTS AND OUR LEGAL OBLIGATIONS WITH RESPECT TO YOUR MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY.

*North State Radiology is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information, effective April 14, 2003.*

North State Radiology Medical Group, Inc. dba  
North State Imaging  
North State Interventional Radiology  
North Valley Advanced Imaging  
Chico Breast Care Center  
1702 Esplanade / Chico, CA 95926  
James Rodriguez, Compliance Officer

### **How We May Use or Disclose Your Health Information**

*Your medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:*

**Treatment:** We use your medical information to provide your medical care, including disclosing medical information to our employees and others who are involved in providing the care you need. We may also share your medical information with other health care providers who will provide services that we do not offer.

**Payment:** We use/disclose medical information about you to obtain payment for the services we provide, including giving your health plan information requested for payment.

**Health Care Operations:** We may use/disclose medical information about you to operate this medical practice including for the review and improvement of the quality of care we provide, to conduct medical audits and as part of our compliance program. We may also use/disclose your information to your health plan to authorize services or referrals and to our business associates that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality and security of your medical information. We may also share your information with other health care providers, clearinghouses or health plans that have a relationship with you.

**Appointment Reminders:** We may use/disclose medical information to remind you about appointments. If you are not home, we may leave the appointment details on your answering machine or in a message left with the person answering the phone.

**Notification and Communication with Family:** We may use/disclose your health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care about your location and general condition. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Required by Law:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. We may also be required to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

**Judicial and Administrative Proceedings:** We may be required by law to disclose your health information in the course of an administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

**Specialized Government Functions:** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**Coroners:** We may disclose your health information to coroners in connection with their death investigations.

**Public Health:** As required by law, we may disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury, or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medications; and reporting disease or infection exposure.

**Public Safety:** As required by law, we may disclose your health information to appropriate persons in order to lessen or prevent a serious and imminent threat to the health or safety of a particular person or the general public.

**Worker's Compensation:** We may disclose your health information as necessary to comply with worker's compensation laws.

**Health Oversight Activities:** We may, as required by law, disclose your health information to health oversight agencies (e.g. Office for Civil Rights, Department of Health and Human Services) during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by the federal and California law.

**Breach Notification:** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communication information related to the breach. We may also provide notification by other methods as appropriate.

#### **When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

#### **Your Health Information Rights**

*Although your medical record is the property of this medical practice, the information in the medical record belongs to you. You have the right to do the following (all requests must be in writing on the approved HIPAA form provided by this medical practice):*

**Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosures of that information you wish to have imposed. If you request we not disclose information to your commercial health plan concerning services for which you paid for in full out-of-pocket, we will abide by our request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

**Request Confidential Communications:** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing.

**Inspect and Copy:** You have the right to inspect and copy your health information, with limited exceptions. You must submit a written request detailing what information you want to access, whether you want to inspect it or obtain a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we cannot agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies and postage as applicable. We may deny you request under limited circumstances.

**Amend or Supplement:** You have the right to request we amend your health information which you believe is incorrect or incomplete. Included with your request must be the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about the denial and how you can disagree with the denial. You also have the right to request that we add to your record a statement of up to 250 words concerning anything in the record you believe to be incorrect.

**Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or in relation to treatment, payment, health care operations, notification and communication with family, or specialized government or public health functions. We also do not have to account for the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

#### **Changes to this Notice of Privacy Practices**

We reserve the right to amend our privacy practices and the terms of this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

#### **Complaints**

Complaints about this notice or how this medical practice handles your health information should be directed to the Compliance Coordinator listed on the front of this notice. If you are not satisfied with the manner in which this office handles complaints, you may submit a formal complaint to:

Region IX  
Department of Health and Human Services  
Office of Civil Rights  
90 7<sup>th</sup> St., Suite 4-100  
San Francisco, CA 94103  
(415) 437-8310; (415) 437-8311 (TDD)  
(415) 437-8329 (fax)

[ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

The complaint form may be found at:

[www.hhs.gov/ocr/privacy/hipaa/complaints/hipcompliant.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcompliant.pdf)

You will not be penalized in any way for filing a complaint.