

# RADIOLOGY ASSOCIATES OF RIDGEWOOD, P.A.

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

**THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our Practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our Practice.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices concerning medical information about you; and,
- Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI):**

#### **We Use and Disclose Health Information About You For Treatment, Payment, and Healthcare Operations. For example:**

**Treatment:** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for a knee injury, we may disclose your PHI to the physical rehabilitation facility in order to coordinate your care.

**Payment:** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing company and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, claims processing companies, collection agencies and others that process our health claims.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Certain Uses and Disclosures Do Not Require Your Authorization.** We may use and disclose your PHI without your authorization for the following reasons:

**When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

**For public health activities.** For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

**For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

**For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

**For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.

**To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

**For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

**For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.

**Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer.

## **Uses and Disclosures Require You to Have the Opportunity to Object.**

**Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

**All Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in sections above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

## **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

**The Right to See and Get Copies of Your PHI:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. Contact us using the information at the end of this Notice for a full explanation of our fee structure).

**The Right to Get a List of the Disclosures We Have Made:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**The Right to Choose How We Send PHI to You:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) We must agree to your request so long as we can easily provide it in the format you requested.

**The Right to Correct or Update Your PHI:** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

### **Changes to This Notice:**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our office. In addition, each time you are seen for treatment or health care services at our office, we will offer you a copy of the current Notice in effect.

### **Effective Date of This Notice**

This notice went into affect on April 14, 2003.

### **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may complain to us by using the contact information listed at the end of this Notice. You also may submit a written complaint to the U. S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U. S. Department of Health and Human Services.

Contact Officer: Kathleen Vedilago  
Telephone: (201) 445-8822 ext. 111 Fax: (201) 857-1101  
E-Mail: kvedilago@ridgewoodradiolgy.com  
Address: 20 Franklin Turnpike, Waldwick NJ 07463