

Borg Imaging Privacy Policy

Borg Imaging Privacy Policy

Notice of Privacy Practices
Effective April 14, 2003

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.

This notice of privacy is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIPAA). It describes how we may use or disclose your protected health information (PHI), with whom that information may be shared, and the safeguards we have in place to protect it. This Notice also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of our Practice except when the release is required or authorized by law or regulation.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE: You will be asked to provide a signed acknowledgement of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of your healthcare services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your PHI in accordance with law.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION: "PHI" is individually identifiable health information and includes demographic information (for example, age, address, etc.) related to your past, present or future physical or mental health or condition and related health care services. Our Practice is required by law to do the following:

- Make sure that PHI that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to PHI about you
- Follow the terms of the notice that is currently in effect
- Communicate to you any changes we may make in the Notice

We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. You may request a copy of our Notice at any time.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your PHI. These examples are not exhaustive.

Required Uses and Disclosures: By law, we must disclose your health information to you unless it has been determined by a healthcare professional that it would be harmful to you. Even in such cases, we may disclose a summary of your health information to certain authorized representatives specified by you or by law. We must also disclose health information to the Secretary of the U.S. Department of Health and Human Services for investigations or determination of our compliance with laws on the protection of your health information.

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. For example, we may disclose your PHI from time-to-time to another physician or healthcare provider (for example, a specialist or laboratory) who, at the request of your physician, becomes involved in your care. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose your PHI to provide the treatment you require.

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 undertake before it approves or pays for the health care services recommended for you, such as making a determination of eligibility or coverage for insurance benefits. For example, obtaining prior approval for a MRI or CT may require that your relevant PHI be disclosed to the health plan for payment.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support our daily activities related to providing health care. These activities include, but are not limited to, billing, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your exam is ready to begin. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. For example, we will contact you at your home/work telephone number to remind you of your appointment and/or mail a postcard appointment reminder to your home address.

We will share your PHI with other persons or entities that perform various activities (for example, billing/collection services, computer support services, etc.) for our Practice. These business associates of our Practice will also be required to protect your health information. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about our Practice or our services.

Required by Law: We may use or disclose your PHI if law or regulations requires the use or disclosure.

Public Health: We may disclose your PHI to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purposes of controlling disease injury or disability; report births and deaths; or report reactions to medications or problems with products.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or might 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 PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose 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 product recalls; to make repairs or replacements, or to conduct post marketing surveillance, 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 for law enforcement purposes, including responses to legal proceedings; information requests for identification and location; and circumstances pertaining to victims of a crime.

Coroners, Funeral Directors, and Organ Donations: 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. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

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

Threat to Health or Safety: Under applicable Federal and State laws, we may disclose PHI to law enforcement or another health care professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or 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 determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to 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: We may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your PHI, under certain circumstances, if you are an inmate of a correctional facility.

Parental Access: State laws concerning minors permit or require certain disclosure of PHI to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State (or, if you are treated by us in another state, the laws of that state) and will make disclosures following such laws.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. Following are examples in which your agreement or objection is required.

Individuals Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request to our Privacy Officer. Our Privacy Officer can guide you in pursuing these options. Please be aware that our Practice may deny your request; however, in most cases you may seek a review of the denial.

Right to Inspect and Copy: 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 the practice use for making decisions about you. This right does not include inspection or copying 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. You will be charged a fee for a copy of your record and we will advise you of the exact fee at the time you make your request. We may offer to provide a summary of your information and, if you agree to receive a summary, we will advise you of the fee at the time of the request.

Right to Request a Restriction: This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. Your request must be made in writing to our Privacy Officer. In your request, you must tell us: 1) what information you want restricted; 2) whether you want to restrict our use or disclosure, or both; 3) to whom you want the restriction to apply, for example, disclosures to your spouse; and 4) an expiration date.

If we believe that the restriction is not in the best interests of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Alternative Confidential Communications: You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment: If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your PHI as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosure: You may request that we provide you with an accounting of the disclosures we have made for purposes other than treatment, payment, or health care operations as described in this Notice and excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures made on or after April 14, 2003, and no more than 6 years prior to the date of your request. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

Right to Obtain a Copy of this Notice: You may obtain a paper copy of this Notice from us by requesting one or view it or download it electronically at our Practice's website at www.borgimaging.com.

Special Protections: This Notice is provided to you as a requirement of HIPAA. There are several other privacy laws that also apply to HIV-related information, mental health information, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this Notice.

Complaints: If you believe these privacy rights have been violated you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services' Office for Civil Rights. We will provide their address upon your request. No retaliation will occur against you for filing a complaint.

Contact Information: Our Privacy Officer is our Manager of Administrative Services and can be contacted at this office or by calling our telephone number: (585) 271-0401. You may contact our Privacy Officer for further information about our complaint process or for further explanation of this Notice of Privacy Practices.

This notice is effective in its entirety as of April 14, 2003.