



## Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you may access this information. Please read it carefully.

Our goal is to take appropriate steps to safeguard any health or other personal information provided to us.

We are required to:

- maintain the privacy of health information provided to us;
- provide notice of our legal duties and privacy practices; and
- abide by the terms of our Notice of Privacy Practices in effect.

### Who Will Follow This Notice

This notice describes the practices of employees and staff at Rochester Radiology. We may share health information with each other for the treatment, payment, or health care operations purposes described in this notice.

### Information Collected About You

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

- Your name, address, phone number, and other demographic information
- 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 health 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, 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 personal and identifiable health information about you in different ways that fall within one of the following categories, but not every use or disclosure in a category is listed.<sup>1</sup>

**For Treatment** We may use health information to furnish services and supplies to you, in accordance with our policies and procedures. For example, we may use your medical history, such as the presence or absence of lung disease, to assess your health and perform requested chest x-ray or other diagnostic services.

**For Payment** We may use and disclose health information to bill for services and to collect payment from you or your insurance company. For example, we may give a payer information about your medical condition so that it will pay us for a chest x-ray or other service that we have furnished. We may also need to inform your payer of tests that you will receive in order to obtain prior approval or to determine whether the service is covered.

**For Health Care Operations** We may use and disclose information for the general operation of our business. For example, we may arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate operations, and tell us how to improve our services. We may also disclose health information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.

**Appointment Reminders** We may use and disclose health information to remind you of an appointment or that it is time to make an appointment at Rochester Radiology.

**Health-Related Benefits and Services** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**As Required by Law** We may disclose health information when required to do so by federal, state, or local law. For instance, we may disclose such information to a public-health authority for public health activities. Public-health authorities include state health departments, Center for Disease Control, Food and Drug Administration, Occupational Safety and Health Administration, and Environmental Protection Agency, to name a few.

We may disclose health information to report child abuse or neglect, to report reactions to medications or problems with products, to track products and enable product recalls, or to conduct post marketing surveillance.

We may disclose health information in situations of domestic abuse or elder abuse.

**Health Oversight Activities** We may disclose health information in connection with certain health oversight activities authorized by law. These may include audit, investigation, inspection, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

**Law Enforcement** We may disclose health information in response to a warrant, court order or similar process, and in connection with certain government investigations and law enforcement activities. We may release health information about you to a medical examiner to identify a deceased person or determine the cause of death. We may also release health information to organ procurement organizations, transplant centers, and eye or tissue banks.

**Workers' Compensation** We may release health information to workers' compensation or similar programs.

**To Avert a Serious Threat to Health and Safety** Health information about you may be disclosed when necessary to prevent a serious threat to the health and safety of you or others.

**Research** We may use or disclose health information for research purposes where a Privacy Board determines that your privacy interests will be adequately protected. We may also use and disclose health information to analyze a research protocol and for other research purposes.

**Military and Veterans** If you are a member of the Armed Forces, we may release health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Lawsuits and Disputes** We may disclose health information for legal or administrative proceedings that involve you, in response to a court or administrative order.

**National Security and Intelligence Activities** We may disclose health information to authorized federal officials for national security and intelligence activities and for the provision of protective services to the President of the United States, other officials or foreign heads of state.

**Our Business Associates** We may work with outside business associates who help us operate our business, such as a billing agency. We may disclose health information so that they can perform the tasks that we hire them to do. They must agree to respect the confidentiality of your personal and identifiable health information.

**Individuals Involved in Your Care or Payment for Your Care** We may disclose health information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care"—such as your other doctors or an aide who may be providing services to you.

## Other Uses and Disclosures of Personal Information

We are required to obtain written authorization from you for uses and disclosures of health information other than those described above. If you provide such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we may no longer use or disclose health information for the reasons covered by your written authorization. We are unable to take back any disclosures already made based upon your original permission.

## Your Rights Regarding Health Information About You

**Right to Request Restrictions** You have the right to ask for restrictions on the ways we use and disclose health information beyond those imposed by law. We will consider your request, but we are not required to agree to it.

**Right to Request Confidential Communications** You have the right to request that we communicate with you about health information by alternative means or locations. For example, you may ask that we only contact you at home or by mail.

**Right to Inspect and Copy** Except under certain circumstances, you have the right to inspect and copy medical and billing records about you. If you ask for copies, we may charge you a fee.

**Right to Request Amendment** If you believe that information in your records is incorrect or incomplete, you have the right to ask us to amend information, providing a reason for your request. Under certain circumstances, we may deny your request. You may request that a brief written statement prepared by you concerning the challenged information be inserted into the patient information.

**Right to an Accounting of Disclosures** You have the right to ask for a list of instances when we have used or disclosed health information for reasons other than your treatment, payment, health care operations; disclosures to you, persons assisting in your care or that you give us authorization to make; for national security or intelligence purposes, correctional institutions or law enforcement officials. If you ask for this information from us more than once every twelve months, we may charge you a fee.

**Right to a Paper Copy** You have the right to a paper copy of this Notice. You may ask us for a copy at any time, or obtain a copy in PDF format online by visiting [rochesterradiology.com/privacy](http://rochesterradiology.com/privacy).

To exercise any of your rights, please direct your requests in writing to the Privacy Officer at the address below.

## 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 personal health information 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. You may request a copy of the revised notice.

## Comments/Complaints

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

Privacy Officer  
Rochester Radiology  
1415 Portland Avenue, Suite 190  
Rochester, NY 14621  
[privacyofficer@rochrad.com](mailto:privacyofficer@rochrad.com)

or

Secretary of the Department of Health and Human Services

This Privacy Policy is effective April 14, 2003.

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<sup>1</sup> "Health information" does not include HIV information, which will be released only as allowed by New York State law.