

## **NOTICE OF PATIENT PRIVACY PRACTICES**

### **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.**

*If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the end of this Notice.*

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all of the records of your care generated by your health care provider.

#### **Our Responsibilities**

Hackensack Radiology Group, P.A. and New Century Imaging L.L.C. are required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. The current Notice will be posted in the in the waiting area. The notice will include the effective date. In addition, we will provide you with a copy upon your request. We are required by law to abide by the terms of this Notice and notify you if we make changes to this Notice, which may be at any time. Changes to the Notice will apply to your medical information that we already maintain as well as new information received after the change occurs. If we change our Notice, it will be posted in the in the waiting area. You may also request that a revised Notice be sent to you in the mail or you may ask for one at your next appointment or appropriate visit. This Notice will also serve to advise you as to your rights with regard to your medical information.

#### **How We May Use and Disclose Medical Information About You.**

*The following categories describe examples of the way we use and disclose medical information:*

- 1. For Treatment:** We may use medical information about you to provide, coordinate and manage your treatment or services. We may disclose medical information about you to referring doctors, nurses, technicians, medical students, or other personnel who are involved in your care. For example, the radiologist's interpretation of your films will be sent to the doctor who ordered the test for you.
- 2. For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend for you. The insurance company may use that information in connection with making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, information about the services we provided to you is sent to your insurance company in order for us to seek payment.
- 3. For Health Care Operations:** We may use or disclose, as needed, your health information in order to support our business activities. These activities may include, but are not limited to quality assessment activities, practice accreditation, employee review activities, billing, and licensing, marketing, legal advice, accounting support, medical transcription and conducting or arranging for other business activities. For example, we provide information collected during your visit to a medical transcriptionist to create a detailed note of the visit for your medical record. In addition, we may also call you by name in the waiting room when the doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you by mail to remind you of your appointment by reminder cards.
- 4. Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include quality accounting, legal services, billing services, and transcription. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information through a written contract.

*Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object*

We also may use and disclose your health information as set forth below. You have the opportunity to agree or object to the use or disclosure of all or part of your health information in these instances. If you are not present or able to agree or object to the use or disclosure of the health information (such as in an emergency situation), then your

clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.

**1. Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps to pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**2. Future Communications:** We may communicate to you via newsletters, mailings or other means regarding treatment options; information on health-related benefits or services, disease- management programs, wellness programs; to assess your satisfaction with our services; to remind you that you have an appointment for medical care; as part of fund raising efforts; for population based activities relating to improving health or reducing health care costs; for conducting training programs or reviewing competence of health care professionals; or other community based initiatives or activities in which our facility is participating. If you are not interested in receiving these materials, please contact our Privacy Officer.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

1. As required by law. We may use and disclose health information to the following types of entities, including but not limited to:
  - a. Food and Drug Administration
  - b. Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
  - c. Correctional Institutions
  - d. Workers Compensation Agents
  - e. Organ and Tissue Donation Organizations
  - f. Military Command Authorities
  - g. Health Oversight Agencies
  - h. Funeral Directors, Coroners and Medical Directors
  - i. National Security and Intelligence Agencies
  - J. Protective Services for the President and Others
  - k. Authority that receives reports on abuse and neglect
2. Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
3. State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

### **Your Health Information Rights**

Although your health record is the physical property of the Hackensack Radiology Group, P.A. or New Century Imaging, L.L.C. that compiled it, you have the right to:

1. **Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. We ask that you submit these requests in writing. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Requests for access to and copies of your medical information must be submitted to Hackensack Radiology Group, P.A. or New Century Imaging, L.L.C. in writing. The practice may charge for duplication of images or reports.
2. **Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

3. **An Accounting of Disclosures:** You have the right to request an accounting of our disclosures of medical information about you except for certain circumstances, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure. Hackensack Radiology Group, PC will provide the first accounting to you in any 12-month period without charge. Hackensack Radiology Group, P.A. and New Century Imaging, L.L.C. will impose a fee of \$10 each subsequent request for an accounting within the 12-month period. We ask that you submit these requests in writing.
4. **Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
5. **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We ask that you submit these requests in writing.
6. **A Paper Copy of This Notice:** You have the right to receive a paper copy of this notice upon request. You may ask us to give you a copy of this notice at any time. To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by calling (201) 488-2660 and asking for the Privacy Officer or by contacting the Secretary of the Federal Department of Health and Human Services. All complaints must be also submitted in writing. You will not be penalized for filing a complaint.

## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provided to you.

Privacy Officer: Colleen Taylor  
Telephone Number: (201) 488-2660, ext. 108

NOTICE OF PATIENT PRIVACY PRACTICES POLICY  
EFFECTIVE DATE: APRIL 14, 2003  
APPROVED BY: Board of Directors  
REFERENCE:  
45 C.F.R. 164.502(i)

### POLICY:

Hackensack Radiology Group, P.A. (HRG) and New Century Imaging, L.L.C. (NCI) are required to have a notice may not use or disclose PHI in a manner inconsistent with such notice. A covered entity that is required to include a specific statement in its notice if it intends to engage in an activity may not use or disclose PHI for such activities, unless the required statement is included in the notice.

### PROCEDURE:

1. HRG and NCI will maintain an up-to-date notice of patient privacy practices. That notice will be posted in the waiting area.
2. HRG and NCI will use and disclose PHI only in a manner identified in the notice.
3. A copy of the notice will be provided to every patient at his or her first visit with HRG or NCI. Staff will make a good faith effort to have the patient sign to attest that they have received a copy of the notice.

### INTERPRETATIONS

1. The Rule requires practices to provide patients with notice of the patient's privacy rights and the privacy practices of HRG and NCI. The strengthened notice requires direct treatment providers to make a good faith effort to obtain patient's written acknowledgement of the notice of privacy rights and practices. The final Rule promotes access to care by removing mandatory consent requirements that would inhibit patient access to health care while

providing the practice with the option of developing a consent process that works for that entity. The Rule also allows consent requirements already in place to continue.

2. A health care provider that has a direct treatment relationship with a patient (e.g. a direct treatment relationship is one in which the health care provider is providing care or service directly to a patient, e.g. a doctor or a pharmacist that provides advice on the proper use of a drug and anticipated adverse effects) must give a copy of the practice's notice to the patient at the first delivery of service starting on or after April 14, 2003.

3. A health care provider that has an indirect treatment relationship with a patient (e.g. provides services on the orders of another health care provider and delivers care and services to the patient through the referring provider, i.e. a laboratory would draw blood from a patient on the orders of a doctor and return the results to the doctor to give to the patient) need only give the organization's notice to the patient if it is requested by the patient.

4. If the first delivery of care to a patient is over the telephone, the practice must provide a copy of the notice to the patient on that day, either electronically, if the patient agrees, or by mail. Scheduling an appointment is not considered a service delivery.

5. Practices are permitted to send the notice to patients electronically only if the patient agrees to receive the document electronically. The patient's agreement can be indirect. For example, if the patient provides an e-mail address to the practice, the practice can interpret that as a willingness of the patient to receive the notice by-mail.

6. If you send a copy of the notice to your patients electronically, you must still provide a paper copy of the notice if the patient requests one.

7. If you are unable to give the notice to the patient because of an emergency situation or because they are not currently able to acknowledge receipt, you must do so as soon thereafter as is "reasonably practical"

8. If the patient is a minor or incompetent, you must provide a copy to the patient's parent or legal guardian.

9. Your notice must be posted in the waiting area.

10. If you make a significant revision to your notice, you must make a copy available to the patient on or after the expiration date if the patient asks. The new notice must be available on the practice's website if the previous notice was posted there.

11. The final rule was changed to protect privacy while eliminating barriers to treatment by strengthening the notice requirement and making consent for routine health care delivery purposes (known as treatment, payment, and health care operations) optional. The Rule requires the practice to provide patients with notice of the patient's privacy rights and the privacy practices of the covered entity. The strengthened notice requires direct treatment providers to make a good faith effort to obtain patient's written acknowledgement of the notice of privacy rights and practices. The final Rule promotes access to care by removing mandatory consent requirements that would inhibit patient access to health care while providing the practice with the option of developing a consent process that works for that entity. The Rule also allows consent requirements already in place to continue.