



***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.***

Our goal is to take appropriate steps to attempt to safeguard the privacy of health information about you and that can be identified with you, which we call "Protected Health Information" or "PHI" for short. We are required to: (1) maintain the privacy of PHI; (2) provide notice of our legal duties and privacy practices with respect to PHI; and (3) abide by the terms of our Notice of Privacy Practices currently in effect.

**INFORMATION COLLECTED ABOUT YOU**

In the ordinary course of receiving treatment and healthcare services from us, you will be providing us with Protected Health Information such as:

- \* Demographics--including, but not limited to, your name, address, and phone number.
- \* Information relating to your medical history.
- \* Your insurance information and coverage.
- \* Information concerning your doctor, nurse or other medical providers.
- \* Other information relevant to provide and process payments for the services.

In addition, we will gather certain medical 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 spouse, the referring physician, your other doctors, your health plan, close friends, family members, or an aide who may be providing services for you.

**DISCLOSURE INFORMATION POLICY**

We may use and disclose Protected Health Information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

**\*For Treatment** We will use PHI about you to furnish services and supplies to you, in accordance with our policies and procedures. For example, we will use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested radiology services.

**\*For Payment** We will use and disclose PHI about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give payer information about your current medical condition so that it will pay us for the radiology services that we have furnished you. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

**\*For Health Care Operations** We may use and disclose PHI about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services.

**Public Policy Uses and Disclosures** There are a number of public policy reasons why we may disclose PHI about you.

- (1) We may disclose PHI about you when we are required to do so by federal, state, or local law.
- (2) We may disclose PHI about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of foreign government agency that is acting in collaboration with a public health authority. We may disclose PHI for public health activities to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, if we are authorized by law to notify such persons as necessary in the conduct of public health intervention or investigation. Public health authorities include but are not limited to, state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.
- (3) We are also permitted to disclose PHI to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally we may disclose PHI to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
- (4) We may disclose PHI when the disclosure relates to victims of abuse, neglect or domestic violence. We may disclose your PHI to government authority authorized by law to receive such reports.
- (5) We may disclose PHI in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of (a) the health care system, (b) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, (c) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or
- (d) Entities subject to civil rights laws for which health information is necessary for determining compliance.
- (6) We may disclose PHI in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities.
- (7) We may release PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death.

We also may release PHI to organ procurement organizations, transplant centers, and eye or tissue banks.

(8) We may release your PHI to worker's compensation or similar programs.

(9) PHI about you also may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

(10) We may use or disclose certain PHI about your condition and treatment for research purposes where an Institutional review Board or a similar body referred to as Privacy Board determines that your privacy interest will be adequately protected in the study.

(11) If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities, including foreign military personnel.

(12) We may disclose your PHI for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release PHI in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

(13) If you are an inmate, we may release PHI about you to a correctional institution where you are incarcerated or to law enforcement officials.

(14) Finally, we may disclose PHI for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

**Our Business Associates** We sometimes work with outside individuals and businesses who help us operate our business successfully. We may disclose your PHI to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your personal and identifiable health information

**Individuals Involved in Your Care or Payment for Your Care** We may disclose PHI 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 spouse, the referring physician, your other doctors, your health plan, close friends, family members, or an aide who may be providing services to you. Although we must be able to speak with your other physicians or health care providers, you can let us know if we should not speak with other individuals, such as your spouse or family.

**Appointment Reminders** We may use and disclose PHI to contact you as a reminder that you have an appointment or that you should schedule an appointment.

**Treatment Alternatives** We may use and disclose your PHI in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

#### **OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION**

We are required to obtain written authorization from you for any other uses and disclosures of protected health information other than those permitted or required by law as describe above. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time, in writing, except to the extent that we have taken action in reliance on the use and disclosure indicated in authorization.

#### **INDIVIDUAL RIGHTS**

\*You have the right to ask for restrictions on the ways in which we use and disclose your PHI beyond those imposed by law. We will consider your request, but we are not required to accept it.

\*You have the right to request that your receive communications containing your PHI from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical and billing records about you. If you ask for copies of this information, we will charge you a fee for copying and mailing unless prohibited by law.

\*You have the right to request that we make amendments to your PHI. Your request must be in writing and must explain your reasons for the amendment. We may deny your request if: 1. the information was not created by us, unless the individual or entity that created the information is not available to amend the information; 2. The information is accurate and complete; 3. The information is not part of the records used to make decisions about you; 4. The information is not part of the PHI which you would be permitted to inspect and copy.

\*You have the right to ask for a list of instances when we used or disclosed your PHI for reasons other than your treatment, payment for services furnished to you, our health care operations, disclosures you give us authorization to make, disclosures made to individuals involved in your care, and other disclosures allowed by law.

If you ask for this information from us more than once every twelve months, we will charge you a fee unless prohibited by law.

\*You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time.

**To exercise any of your rights, please contact us in writing at:**

**Concord Imaging  
18802 Meisner Dr San Antonio, TX 78258  
ATTN: Privacy Officer**

#### **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 PHI we have about you as well as any PHI we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.

#### **COMPLAINTS/COMMENTS**

You may submit a complaint to our office and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. To file a complaint with us, contact our Privacy Officer.

\*By mail: Concord Imaging

or \*By phone: (210) 572-2222

Attn: Privacy Officer

18802 Meisner Dr San Antonio, TX 78258

Or you may also contact our Privacy Officer to make comments or to obtain more information concerning this Notice of Privacy Practices.

This Privacy Policy is effective April 14, 2003.