

WEST READING RADIOLOGY ASSOCIATES, P.C.
NOTICE OF HEALTH INFORMATION 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.

Understanding Your Protected Health Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains the examination performed, test results, diagnoses, treatment, and possibly a plan for future care or follow-up treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- tool in educating health professionals
- source of information for public health administrators or other government officials charged with oversight and improving healthcare
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Your Health Information Rights

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others. Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- obtain a paper copy of this notice of information practices upon request. This request must be sent to the Privacy Officer in writing.
- request a restriction on certain uses and disclosures of your information. 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. **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 emergency treatment. Your request must be in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- inspect and copy your health record. Your request to inspect and copy may be denied in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
- amend your health record. You have the right to request an amendment for as long as the information is kept by, or for, West Reading Radiology Associates. You must provide a reason that supports your request. Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. In addition, your request may be denied if you request to amend information that:
 1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 2. Is not part of the medical information kept by or for WRRRA;
 3. Is not part of the information which you would be permitted to inspect and copy; or
 4. Is accurate and complete.
- obtain an accounting of disclosures of your health information. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free.
- request that confidential communications be sent by alternative means or to an alternative location. Your request must specify how or where you wish to be contacted. All reasonable requests will be accommodated.

If you would like to exercise any of these rights regarding your Protected Health Information, please submit a request in writing to the Privacy Officer.

Our Responsibilities

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction

- accommodate reasonable requests you may have to communicate health information

HOW MAY WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

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 authorization. You may revoke your authorization at any time, as long as you do so in writing. If you revoke authorization, it will not cover information that has already been used or disclosed under the authorization.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: We will provide radiology reports and sometimes copies of your radiology images to physicians who order diagnostic radiology exams. We may disclose information to other healthcare professionals to coordinate the diagnosis and management of your healthcare and related services.

We will use your health information for payment.

For example: A bill may be sent to you, your health insurance plan or another third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff may use information in your health record for internal quality assessment programs, review and learning purposes. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide. Examples would include continuing physician education and training of medical students and residents. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Other Situations in which we may disclose your information

As required by law: We will disclose health information about you when required to do so by federal, state or local law.

Individuals involved in your care or payment: Health professionals, using their best judgment may use or disclose information to notify or assist in notifying a family member, other relative, close personal friend, or any other person you identify, of health information relevant to that person's involvement in your care or payment related to your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about our condition, status and location.

Research: All research projects are subject to a special approval process. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Funeral directors: We may disclose health information to coroners and funeral directors consistent with applicable law to carry out their duties.

Appointment reminders/Treatment alternatives: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

To avert a serious threat to health or safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities for public health activities. These activities generally include preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or to lessen a serious and imminent threat to the health or safety of a person or the public.

Health oversight: Federal law makes provision for your health information to be released to an appropriate health oversight agency or public health authority or attorney, for activities such as audits, investigations or inspections.

Military activity: We may disclose the health information of individuals who are Armed Forces personnel under appropriate conditions and to appropriate military command authorities or to

determine eligibility with the Department of Veterans Affairs. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery requests or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Business associates: We may share your information with some Business Associates who perform various services for the practice. This can include services such as billing, compliance or report transcription. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. Our Business Associates have written contracts with the practice that require them to protect the privacy of your information.

For More Information or to Report a Problem

If have questions, would like additional information, or would like to file a complaint you may contact our privacy officer in writing at:

West Reading Radiology Associates
Attn: Privacy Officer
301 S. 7th Ave., Suite 135
West Reading, PA 19611

If you believe your privacy rights have been violated, you can file a complaint with our privacy officer or with the Secretary of Health and Human Services at the address indicated below. All complaints must be submitted in writing. **There will be no retaliation for filing a complaint.**

Secretary, U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

This Privacy Policy may be updated or modified at any time without notice, so you are urged to revisit this policy periodically. We reserve the right to change our practices, revise our notice and to make the new provisions effective for all protected health information we maintain. A new notice will be effective for all protected health information maintained at the time the notice was placed into effect. Should our information practices change, a revised Notice of Health Information Practices will be made available to you upon receipt of a written request.

Effective date: [April 14, 2003]