



LONG ISLAND RADIOLOGY ASSOCIATES, PC.

HIPAA NOTICE OF 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.*

The Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment of health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information 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 would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Information: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fund raising activities, and conducting or arranging for other business activities. We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when you are ready for your exam. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Emergency Situations: We may use or disclose your protected health information in certain emergency situations. For example, if in an emergency situation where you are unable to communicate with us, and we think you would consent if you were able to do so.

We may use or disclose, as needed, your protected health information in the following situations **without your authorization**: as required by Federal or State law; Health oversight; Abuse or Neglect; Food and Drug Administration; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; Organ Donation; Criminal Activity; National Security; Worker's Compensation or No-Fault Insurance; for disclosure to billing companies- all relevant information required to file health care claims. All patient protected health information that needs transcribing, as well as any documents useful to ensuring the accuracy of those transcriptions. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500. **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES WILL BE MADE ONLY WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT UNLESS REQUIRED BY LAW.**

You may revoke this authorization at any time, in writing, except to the extent that your physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS: You have the following rights with respect to your protected health information:

You have the right to inspect and copy your protected health information, under federal law. However, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the rights to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment or payment of healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions request and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another health care professional.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you agreed to accept this notice alternatively (i.e. electronically).

You have the right to receive a list of instances in which we have disclosed your protected health information. This list will not include uses and disclosures made for national security purposes, or to corrections or law enforcement personnel.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

COMPLAINTS: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our *Privacy Compliance Officer* of your complaint. *We will not retaliate against you for filing a complaint. Please call (516) 354-4200 and ask to speak with the Privacy Officer.*

This notice was published and effective on 03/14/03.