

# RADIOLOGY MUSKEGON, PC NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2022

**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.**

Radiology Muskegon, PC (the "Practice") is required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this "Notice"), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that it collects and maintains. If you have any questions or wish to submit any of the requests described in the Notice, please contact:

Stephen Vaughan  
Privacy Officer  
605 West Western Avenue, Muskegon, MI 49440  
(231) 722-6005

## **YOUR RIGHTS**

You have the following rights regarding PHI. To exercise these rights, submit a written request to the Practice at the address above.

### ***To Inspect and Copy PHI.***

You can obtain an electronic or paper copy of PHI. The Practice may charge you a reasonable fee. The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have the denial reviewed

### ***To Amend PHI.***

If you feel PHI is incorrect or incomplete, you can ask the Practice to correct PHI. The Practice may ask you to provide a reason for the request and may deny your request. If so, the Practice will send you a written explanation for the denial and allow you to submit a written statement of disagreement.

### ***To Request An Accounting of Disclosures.***

You can ask the practice to provide you with a list of with whom and when PHI was shared.

### ***To Limit What Is Used or Shared.***

You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer. You can also ask the Practice not to share PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

### ***To Choose Someone To Act For You.***

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

### ***To Request Confidential Communications.***

You can ask the Practice to contact you in a specific way. The Practice will say "yes" to all reasonable requests.

### ***To Receive Copy of This Notice.***

You can ask for a paper copy of this Notice, even if you agreed to receive this Notice electronically.

### ***To File A Complaint If You Feel Your Rights Are Violated.***

If you believe your privacy rights have been violated, you may file a complaint in writing with the Practice or with the Department of Health and Human Services, Office for Civil Rights. The Practice will not retaliate against you for filing a complaint. Submit a complaint in writing to the contact information below.

<b>Radiology Muskegon, PC</b> Stephen Vaughan Privacy Officer 605 West Western Avenue, Muskegon, MI 49440 (231) 722-6005	<b>Department of Health and Human Services, Office for Civil Rights</b> <b>Send a letter:</b> 200 Independence Avenue, S.W., Washington, D.C. 20201 <b>Call:</b> 1-877-696-6775, or visiting <b>Online:</b> <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>
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## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

The following describes the ways the Practice may use and share PHI. Except for the purposes described below, the Practice will not use and disclose PHI without your written authorization. You may revoke your authorization at any time by submitting a written request to the address above.

### **Routine Uses and Disclosures**

***For Treatment.*** The Practice can use and share PHI for treatment by health care professionals.

Example: The Practice shares findings with another doctor so they can treat your condition.

***For Payment.*** The Practice can use and share PHI to bill for services.

Example: The Practice shares PHI with your insurance company so it will pay for treatment.

***For Health Care Operations.*** The Practice can use and share PHI to operate and manage the Practice.

Example: The Practice uses PHI to send you appointment reminders or tell you about treatment alternatives.

### **Uses and Disclosures Made Without Your Authorization or Opportunity to Object**

***As Required by Law.*** To comply with international, federal, state, or local law.

***To Avert a Serious Threat to Health or Safety.*** To prevent a serious threat to you, another person, or public health and safety.

***Public Health Activities.*** To prevent or control disease, injury, or disability; report births and deaths; report abuse, neglect, or domestic violence against adults or children; report reactions to medications or problems with products; and notify people of product recalls.

***As Required by the Secretary of Health and Human Services.*** To the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

***Health Oversight Activities.*** To other health oversight agencies for activities authorized by law, including audits, investigations, inspections, and licensure.

***Specialized Government Functions.*** To address military or national security concerns, including intelligence, counterintelligence, protective services for heads of state, your security clearance, or other national security activities authorized by law.

***Judicial and Administrative Proceedings.*** To respond to a court or administrative order, a subpoena, discovery request, or other lawful process.

***Law Enforcement.*** To respond to requests from law enforcement, including (1) to respond to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) to identify the victim of a crime; (4) to report a death the Practice believes may be the result of criminal conduct; (5) to report criminal conduct on the Practice's premises; and (6) in an emergency, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

***Inmates or Individuals in Custody.*** To assist a correctional institution or law enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

***Workers' Compensation.*** To facilitate workers' compensation programs that provide benefits for work-related injuries or illness.

***Data Breach Notification Purposes.*** To provide legally required notices of unauthorized access to or disclosure of PHI.

***Coroners, Medical Examiners and Funeral Directors.*** To identify a deceased person or determine the cause of death, or to funeral directors, as necessary.

**Organ Donation.** To facilitate organ donation or transplantation.

**Research.** To conduct research that has been approved by an institutional review board.

**Business Associates.** To enable a Business Associate to perform functions or services on the Practice's behalf.

#### **Uses and Disclosures Made With Your Authorization or Opportunity to Object**

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, the Practice may share PHI with a family member, relative, close friend, or other person you identify, who is involved in your care or payment for care.

**In Your Best Interest.** If you are unable to agree or object to such a disclosure, the Practice may disclose PHI, if based on the Practice's professional judgment, it is in your best interest.

#### **Uses and Disclosures Based Upon Your Written Authorization**

The Practice must obtain your written authorization to use and disclose PHI for the following purposes:

*Marketing purposes.*

*Sale of PHI.*

*Psychotherapy notes; and*

*Other uses and disclosures not covered by this Notice.*

You may revoke your authorization at any time. To revoke your authorization, submit a written revocation to the address above. Disclosures made in reliance on your authorization before revocation will not be affected.

#### **OUR OBLIGATIONS:**

The Practice is required by law to:

- Maintain the privacy and security of Protected Health Information.
- Give you this Notice regarding Protected Health Information.
- Follow the terms of the Notice that are currently in effect.
- Comply with more stringent state or federal law where it exists.
- Inform you if PHI is compromised in a breach.

#### **CHANGES TO THIS NOTICE:**

The Practice reserves the right to change this Notice at any time. Changes are applicable to all PHI collected and maintained by the Practice. Should the Practice change this Notice, you can ask for a copy at the Practice, request a copy using the contact information above, or view the Notice posted on the Practice website. The Notice is effective as of the Effective Date above.