

Notice of Privacy Practices (Effective April 28, 2003)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE READ IT CAREFULLY.

If you have any questions about this Notice, please ask to speak to our Privacy Officer at 316-685-1367.

This notice of Privacy Practice is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIPAA). It describes how we may use or disclose your protected health information (PHI) and certain rights you have with respect to your PHI..

Our Duties To You Regarding Your PHI

Our practice is required by law to do the following: 1) Keep your PHI private; 2) Present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your PHI; and 3) Follow the terms of the Notice currently in effect.

The effective date of the Notice is at the top of the first page. We reserve the right to change this Notice and to make the revision effective for health information we already have about you as well as any information we receive in the future. We will make any new Notice available at any of our healthcare delivery sites whenever we make a material change in our privacy practices described in our notice.

Uses and Disclosures of Your PHI

We are permitted by federal privacy laws to make uses and disclosures of your PHI for the following purposes without obtaining an authorization from you.

Treatment. We can use and disclose your PHI for our treatment purposes. An example of a use of your PHI for our treatment is recording information about you in a health record. An example of a disclosure for our treatment purposes is the consultation with another specialist regarding your care.

Payment. We can use and disclose your PHI for our payment purposes, such as submitting requests for payment to your health insurance company.

Health Care Operations. In order to operate our office and ensure that all our patients receive quality care, we may use and disclose PHI for various operational purposes,

such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. For example, your PHI may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to evaluate the performance of our staff in caring for you.

To Others Involved in Your Care. We have policies and procedures that provide for the release of information about your care or payment for such care to a member of your family, a relative, a close friend, or any other person involved in your care or payment for your care when you are not present or able to give authorization for the release of information. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it.

Workers Compensation. We may use or disclose PHI about you as authorized by laws relating to workers' compensation or other similar programs.

Public Health. As authorized by law, we may disclose your PHI to public health or legal authorities for public health activities such as preventing or controlling disease, injury, or disability; reporting reactions to medications or problems with products; notifying people of recalls; notifying a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Correctional Institutions. If you are an inmate of a correctional institution, we may disclose PHI to the institution or its agents for certain purposes, including protecting your health and the health and safety of other individuals.

As Required By Law. We may use or disclose your PHI to the extent we are required to do so by federal, state, or local law. For example, we may disclose PHI about you for the following purposes: (i) judicial and administrative proceedings pursuant to legal authority; (ii) to report information related to victims of abuse, neglect or domestic violence; and (iii) to assist law enforcement officials in their law enforcement duties.

Health Oversight. We may release your PHI to appropriate health oversight agencies or for health oversight activities.

Serious Threat. We may disclose PHI about you to avert a serious and imminent threat to health or safety of you or the public. However, any disclosure would only be made to someone in a position to reasonably avert such threat..

For Specialized Governmental Functions. We may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for

national security purposes, or to public assistance program personnel.

Organ and Tissue Donation. If you are an organ donor, we may use or disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Coroners, Medical Examiners and Funeral Directors. We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about you to funeral directors as necessary for them to carry out their duties.

Business Associates. Your PHI may be shared with third party “business associates” that perform various activities for us or on our behalf. Whenever such an arrangement involves the use or disclosure of your PHI, we will have a written contract with such third party that contains terms designed to protect the privacy of your PHI.

Appointment Reminders. We may use your PHI to provide appointment reminders via telephone (including leaving messages on your answering machine) or through the mail (including by postcard). We may also use your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Use. Other uses and disclosures, besides those identified in this Notice, will be made only with your written authorization. You may revoke the authorization by delivering a written revocation to our office, except to the extent information has been disclosed or action has already been taken in reliance on such authorization.

Your Health Information Rights

The health and billing records we maintain are the physical property of the WICHITA RADIOLOGICAL GROUP, P.A. The information in it, however, belongs to you. With respect to these records, you have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office. We are not required to grant the request, but we will comply with any request granted;
- Obtain a paper copy of the current Notice of Privacy Practices by making a request at our office;
- Request to inspect and copy information contained in a “designated record set.” You may exercise this right by delivering the request to our office. We can deny your request under certain circumstances and in some cases, you have the right to a review of that denial;

- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request under certain circumstances. If your request is denied, you will have the opportunity to submit a statement of disagreement to be maintained with your records;

- Request that communication of your PHI be made by alternative means or at an alternative location by delivering the request in writing to our office;

- Obtain an accounting of certain disclosures of your PHI by delivering a request to our office. The written request must state the time period for which the accounting is desired, which must be less than 6 years and cannot cover any period prior to April 14, 2003.

If you want to exercise any of the above rights, please contact our Privacy Official at 551 N. Hillside, Suite 320, P.O. Box 8903, Wichita, Kansas 67208, Phone # (316) 685-1367, Fax # (316) 685-9388, in person or in writing, during regular, business hours. [S]he will inform you of the steps that need to be taken to exercise your rights.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the **Privacy Official, at 316-685-1367.**

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to **Wichita Radiological Group, P.A., Attn: Privacy Official, 551 N. Hillside, Suite 320, P.O. Box 8903, Wichita, Ks 67208.** You may also file a complaint by mailing it to the Secretary of Health and Human Services, whose street address is **Region VII, Office for Civil Rights, U.S. Department of Health and Human Services, 601 E. 12th Street—Room 248, Kansas City, Missouri 64106. Voice Phone (816) 426-7278. Fax (816) 426-3686. TDD (816) 426-7065.**

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our office.

We cannot, and will not, retaliate against you for filing a complaint with HHS.

**Gina Orth, Privacy Official
Wichita Radiological Group, P.A.
551 N. Hillside, Suite 320
Wichita, Kansas 67214
Phone: 316 685 1367
Fax: 316 685 9388**