

ADVANCED MEDICAL IMAGING CONSULTANTS, P.C.
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.

Effective Date: **April 14, 2003**

Revised Date: **July 1, 2016**

Our Responsibilities. Advanced Medical Imaging Consultants, P.C. ("AMIC") is committed to maintaining the privacy of your health information. AMIC is required to provide you with this Notice of Privacy Practices ("Notice") that describes AMIC's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this Notice.

If you have any questions about any part of this Notice or if you want more information about the privacy practices of AMIC, please contact us at: Advanced Medical Imaging Consultants, P.C., Attn: Privacy Officer, 2008 Caribou Drive, Fort Collins, CO 80525, or by calling 970-484-4757.

How AMIC May Use or Disclose Your Health Information

The following categories describe the ways that AMIC may use and disclose your health information.

For Treatment. We may use or disclose your health information with staff members and other health care professionals for the purposes of evaluating your health, diagnosing medical conditions, and providing treatment.

Example: We may receive health information about you from treating providers and disclose your radiology report(s) to providers involved in your treatment.

If another provider requests your health information who is not providing treatment, we will request an authorization from you before providing your information.

For Payment. We may use or disclose your health information to obtain payment for your health care services.

Example: We may use your information to bill and collect payment from you, your insurance company, or a third party payer.

For Health Care Operations. We may use or disclose your health information for activities such as the evaluation of patient care, internal education and training, business planning, and compliance with the law.

Example: We may use your information to assess the quality of care you received and outcome of your care.

Additionally, we may combine health information we have with that of other facilities to see if we need to make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

When AMIC is Required to Obtain an Authorization to Use or Disclose Your Health Information

Except as described in this Notice, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. AMIC does not engage in fundraising activities, but if AMIC were to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

How AMIC May Use or Disclose Your Health Information Without Your Written Authorization

The following categories describe the ways that AMIC may use and disclose your health information without your authorization.

- 1. Health Information.** We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.
- 2. Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to respond to a court order.
- 3. Public Health Purposes.** We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.

4. **Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
5. **Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
6. **To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.
7. **Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes.** Unless you object, AMIC may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this Notice. Whenever reasonably practical, AMIC will give you an opportunity to consent or object to such disclosures. If circumstances dictate such an opportunity is not practical or you are otherwise not available, AMIC will use professional judgment to determine if such disclosure is in your best interest.
8. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.
9. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
10. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
11. **Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how well a procedure or drug is working to cure a disease or whether a certain treatment is working better than another.

12. Specialized Government Functions. Under certain and very limited circumstances, we may disclose your health information for military, national security, or law enforcement custodial situations.

13. Workers' Compensation. Both state and federal law allow the disclosure of your health information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.

14. Business Associates. We may disclose your health information to business associates that perform operational functions on our behalf through contracts. To protect your health information, these business associates are required by federal law to appropriately safeguard your information.

Your Health Information Rights

1. **Inspect And Copy Your Health Information.** You have the right to inspect and obtain a copy of your health information. We may charge you a reasonable fee to cover our expenses for copying your health information based on the current rates determined by the state of Colorado. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by an AMIC representative that was not involved in the denial of your request. *Your request for inspection or access must be submitted in writing to the AMIC Privacy Officer at the address listed at the top of this Notice.*
2. **Request Correction(s) Your Health Information.** If you feel that health information about you is incorrect or incomplete, you have the right to request AMIC amend your health information. AMIC is not required to change your health information and if your request is denied, AMIC will provide you with information about our denial and how you can disagree with the denial. *To request an amendment, you must make your request in writing to the AMIC Privacy Officer at the address listed at the top of this Notice. You must also provide a reason for your request.*
3. **Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. AMIC is not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. *If you would like to make a request for restrictions, you must submit your request in writing to the AMIC Privacy Officer at the address listed at the top of this Notice.*

4. **Receive Confidential Communications Of Health Information.** You have the right to request that we communicate your health information to you in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. *AMIC will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing to the AMIC Privacy Officer at the address listed at the top of this Notice.*

5. **Receive A Record Of Disclosures Of Your Health Information.** You have the right to request a record of disclosures of your health information (called an "Accounting of Disclosures"). This accounting is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. *The request must be submitted in writing to the AMIC Privacy Officer at the address listed at the top of this Notice.*

By law, AMIC must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

6. **Obtain A Paper Copy Of This Notice.** You have the right to a paper copy of this Notice. You may ask AMIC to give you a copy of this Notice at any time, even if you have agreed to receive this Notice electronically. A paper copy of this Notice may also be obtained by visiting our website at www.advmedimaging.com and clicking on the Notice of Privacy Practices link.

7. **Notified of a Breach.** AMIC is required by law to provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.

8. **Complaint.** If you believe your privacy rights have been violated, *you may file a complaint with AMIC by submitting your complaint in writing to the AMIC Privacy Officer at the address listed at the top of this Notice.*

You may also file a complaint with the Secretary of the Department of Health and Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also file a complaint with the staff or administrator of the treatment facility or community mental health program. There will be no retaliation against you in any way for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the privacy practices described in this Notice in the event that the practices need to be changed to be in compliance with the law. We will make the new Notice

provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted in our office.