



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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

Our Commitment Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. This notice applies to all records of your care generated by our facilities, whether made by STRIC personnel or agents of STRIC.

Each time you visit one of the South Texas Radiology Imaging Centers (STRIC) a record of your visit is created. Typically, this record contains information pertinent to your examination including medical history, diagnostic images, examination results, and billing-related information. This Notice will tell you about the ways we may use and disclose your medical information. It will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Our Responsibilities

We are required by law to maintain the privacy of your protected medical information and to provide you with notice of our legal duties and a description of our privacy practices. Furthermore, we are required to abide by the terms of the Notice of Privacy Practices currently in effect.

How We May Use And Disclose Medical Information About You

The following categories describe examples of how we use and disclose medical information. 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 these categories.

- ▶ **For Treatment:** We may use medical information about you to provide you with treatment or services. As a radiology services provider, we will disclose medical information about you to your physician(s) in the form of a report of your examination or procedure. A nurse or medical facilitator may obtain and record medical history pertinent to your procedure. We may disclose medical information about you to doctors, nurses, technologists, or other personnel who are involved in your care.
- ▶ **For Payment:** We may use and disclose your medical information in order to bill and collect payment for the services or treatment provided to you. For example, we may provide portions of your medical information to our billing department and your insurance provider to obtain payment

for a diagnostic procedure that we provided to you. We may also contact your health plan to determine if it will pay for a procedure that your doctor has requested.

- ▶ **For Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and other similar cases. These confidential results may then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment.

Other Permitted Disclosures

- ▶ **Business Associates:** Some of the services provided in our organization may be performed by contracted business associates. Examples might include insurance companies, vendors (e.g., pharmacies) and, other individual physician practices. We may disclose your health information to these business associates to enable them to perform their services. If appropriate, to the business associate will bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- ▶ **Patient Contact:** We may contact you regarding an appointment or to inform or remind you about preparing for an exam. One or more of these communications may be left on your answering machine/voice-mail. We may communicate with you via newsletters, mail-outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities with which our facility may participate.

You Have The Opportunity To Agree Or Object To Disclosure

Prior to providing your medical information to a family member, friend, or other person that you indicate is involved in your care or payment for your health care, you will be given an opportunity to agree or object to such disclosure, either in whole or in part. This opportunity to agree or object may be obtained retroactively in emergency situations.

Uses And Disclosures Without Consent Or Authorization

In some limited situations, the law allows or requires us to use or disclose your medical information without your permission. Such uses or disclosures include:

- A state or federal law requires that certain medical information be reported for a specific purpose.
- Public health purposes, such as contagious disease reporting, investigation, or surveillance, and notices to and from the Food and Drug Administration regarding drugs or medical devices.
- Those provided in compliance with Worker's Compensation laws.
- To a medical examiner to identify a deceased individual or to determine cause of death, or to funeral directors to aid in burial, or to organ and tissue donation organizations.
- Health oversight activities such as the licensing of physicians, nurses, or technicians; audits by Medicare or Medicaid; or for investigation of possible violations of health care laws.

- Specialized government functions such as the protection of the President or a high-ranking government officer, lawful national intelligence activities, military purposes, or for the evaluation and health of members of the Foreign Service.
- Law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime, to provide information about a crime at our facility, or to report a crime that occurred somewhere else.
- Governmental authorities about victims of suspected abuse, neglect, or domestic violence.
- Researchers when an institutional review board has approved the research proposal and established protocols to ensure the privacy of your health information.
- To avert a serious threat to the health or safety of a person or the public.
- Judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.

Other Uses Of Medical Information

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 permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

► Request Restrictions On Certain Uses And Disclosures Of Your Protected Health Information:

- You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. 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, such as a family member or friend. For example, you could ask that we not disclose information to a family member about a particular diagnostic examination you had undergone.
- We are required to agree to a request to restrict the disclosure of your protected health information to a health plan if: (A) the disclosure is for the purposes of carrying out payment or health care operations and is not otherwise required by law; and (B) the PHI pertains solely to a health care item or service for which you, or a person on your behalf other than the health plan, has paid the covered entity out-of-pocket in full.

We may not be required to agree to all other restriction requests and, in certain cases, we may deny your request. The Request for Restriction form is available upon request from the facility administrator.

- ▶ **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we use an alternative address for billing purposes. We will agree to the request to the extent that it is reasonable for us to do so.
- ▶ **Inspect And Copy:** You have the right to inspect and request copies of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by STRIC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- ▶ **Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained by STRIC. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- ▶ **An Accounting Of Disclosures:** You have the right to request an accounting of disclosures that we have made of your medical information over the previous six (6) years. However, you may not request an accounting for dates of service prior to April 14, 2003.
- ▶ **A Paper Copy Of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- ▶ **Breach Notification** – We are required to notify you of any breach of unsecured protected health information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. Notification will be made by first class mail or by e-mail if you have indicated a preference to receive information by this means.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

Changes To This Notice

We reserve the right to change this notice and to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. A copy of the revised notice will be obtainable at our web site (<http://www.stric.com>), at any of our imaging centers, or by either calling or writing the Facility Privacy Official (see following page).

Complaints Or Questions

If you believe your privacy rights have been violated, or you disagree with a decision that we made about access to your medical information, you may file a complaint with our Facility Privacy Official at the address listed on the bottom of this page. You may also send a written complaint to:

Secretary, Department of HHS
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: (877) 696-6775

We will take no retaliatory action against you if you file a complaint about our privacy practices.

If you have any questions about this notice, any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

Mr. Mark Yahn, Facility Privacy Official
South Texas Radiology Imaging Centers
4499 Medical, Suite 171
San Antonio, Texas 78229
Phone: (210)617-9219; E-mail: mark.yahn@STRIC.com