

EPIC Imaging

Notice of Privacy Practices

At EPIC Imaging, we are committed to treating and using protected health information about you responsibly. This notice of privacy practices describes the personal information we collect, and how and when we use or disclose that information. The notice also describes your rights as they relate to federal regulations.

This notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

If you have any questions or would like to report a problem, please contact the privacy officer at EPIC Imaging East at (503) 253-1105, or for EPIC Imaging West at (503) 643-7226.

This notice describes how medical information about you may be used and disclosed and how you can get access to that information.

Please review it carefully.

Who Will Follow This Notice?

This notice describes the information privacy practices followed by our employees, staff and other personnel. This notice is effective for EPIC Imaging East-PC, EPIC Imaging West, and EPIC Imaging satellite clinics.

Your Health Information

This notice applies to the information and records we have about your health, health status, and the healthcare services you receive at EPIC Imaging.

We are required by law to make this notice available to you. It will tell you about the ways in which we may use and disclose health information and describes your rights and our obligations regarding the use and disclosure of that information.

How we may use and disclose health information about you:

We will use and disclose your health information for the following purposes:

For Treatment: We may use your health information about you to provide you with diagnostic and treatment services. We may disclose information about you to doctors, nurses, technicians, and other personnel who are involved in taking care of you and your health. For example, we may need to know your medical history or lab results in order to carry out our radiology study. Our doctors may also tell another doctor about your condition so that they can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as ordering prior radiology reports and films.

For Payment: We may use and disclose information about you so that the treatment and services you receive at this office may be billed to you, and payment may be collected from you, to an insurance company or a third party. For example, we may need to give your health plan information about a service you are about to receive to obtain prior approval or to determine whether your plan will cover this treatment.

For health care operations: We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can be more efficient, or whether certain new treatments are effective. We may contact you as a reminder that you have an appointment for an exam at EPIC Imaging. We may tell you or recommend possible treatment options or alternatives that may be of interest to you. We may tell you about health related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders or if you do not wish to receive communications regarding diagnostic treatment alternatives or healthcare products and services. If you advise us in writing that you do not wish to receive such communications, we will not disclose your information for these purposes.

Special Situations: We may use or disclose health information about you without your permission for the following purposes,

subject to all applicable legal requirements and limitations:

To avert serious threats to your health and safety: We may use or disclose health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

Required by Law: We will disclose health information about you when required to do so by state and federal law.

Research: We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address, and other information that reveals who you are or who is involved in your care.

Military, Veterans, National Security Intelligence: If you were a member of the armed forces or part of a national security or intelligence commission, we may be required by military command to offer government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers Compensation: We may release health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, suspected abuse, neglect, non-accidental physical injuries, reactions to medications, or problems with products.

Health Oversight Activities: We may disclose information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order, subject to all applicable legal requirements, and may also disclose health information about you in response to a subpoena.

Law Enforcement: We may release your health information, if asked to do so by a law enforcement official, in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors: We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify you or reveal who you are.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not specifically identify you or reveal who you are.

Family and Friends: We may disclose health information about you to your family members or friends if we can obtain your verbal agreement to do so, or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your friends and family if we can infer from the circumstances, based on our professional judgment, that you would not object. For

example, we may assume that you agree to the disclosure of your personal health information to your spouse when they call to schedule an appointment for you or when they accompany you into the exam room for treatment. In situations where you are not capable of giving consent (because you are not present or due to incapacity or medical emergency), we may, using our professional judgment, determine that disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may use professional judgment and experience to make reasonable references that it is in your best interest to allow another person to pick up radiology films for you.

Other Uses and Disclosures of Health

Information: We will not use and disclose your health information for any purpose other than those identified in the previous sections without your specific written authorization. We must obtain your authorization separate from consent we may have obtained from you. If you give us your authorization to use or disclose information about you, you may revoke that authorization at any time. If you revoke your authorization, we will no longer use or disclose information about you that was originally covered in your written authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without special signed written authorization from you. In order to disclose these types of records for purposes of treatment, payment, or healthcare operations; we will have to have a special written authorization that complies with the

law governing HIV or substance abuse records.

Your Rights Regarding Health

Information About You: You have the following rights regarding health information we maintain about you:

You have the right to inspect and copy:

You have the right to inspect and copy health information, such as medical billing records, that we have to make decisions about your care. You must submit a written request to the designated privacy contact person for EPIC Imaging in order to inspect/copy your health information. If you request a copy of the information, we may charge a fee of the costs of copying mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If law requires such a review, we will select a licensed healthcare professional to review your requests and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcomes of the review.

Right to Amend: If you believe the health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by EPIC Imaging. To request an amendment, contact the privacy person for either EPIC Imaging East or West. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- we did not create, unless the person or entity that created

the information is no longer available to make the amendment

- Is not part of the health information that we keep
- You would not be permitted to inspect or copy
- Is accurate and complete

Right to Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures of medical information we made about you for the purposes other than treatment, payment, or healthcare operations. To obtain this list of the disclosures you must submit your request in writing to the privacy official for EPIC Imaging. It must state the time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list. The first list you request within a 12-month period will be free. For additional lists, we may charge for the cost of providing you the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information that we disclose about you to someone who is involved in your care, or the payment of it, like a family member or friend.

We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you may complete and submit the request for

restriction on use/disclosure of medical information and/or confidential communication form to the designated privacy contact person.

Right to 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 at any time. Even if you have received it electronically, you are still entitled to a paper copy. To obtain such a copy, contact the designated privacy contact person.

Changes to Notice: EPIC Imaging reserves the right to change this notice and to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the office, as well as electronically, with its effective date on the top. You are entitled to a copy of the notice currently in effect.

Complaints: If you believe that your privacy rights have been violated, you may file a complaint with the designated privacy contact person or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.