

## 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 READ IT CAREFULLY.**

This notice takes effect on April 15, 2003 and remains in effect until we replace it.

### **1.) OUR PLEDGE REGARDING MEDICAL INFORMATION**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### **2.) OUR LEGAL DUTY**

*Law Requires Us to:*

- 1.) Keep your medical information private.
- 2.) Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- 3.) Follow the terms of the notice that is now in effect.

*We Have the Right to:*

- 1.) Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- 2.) Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

*Notice of Change to Privacy Practices:*

- 1.) Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### **3.) USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

The following section describes different ways that we use and disclose medical information. For each kind of use or disclosure, we will explain what we mean and give an example. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

**FOR TREATMENT:**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you.

*Example:*

We will use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested ultrasound or other diagnostic services. Information about your condition may help in diagnostics, testing, and x-ray work.

We may also share medical information about you to your other health care providers to assist them in treating you.

**FOR PAYMENT:**

We may use and disclose your medical information to bill for our services and to collect payment from you or your insurance company.

*Example:*

We may need to give a payer information about your current medical condition so that it will pay us for the ultrasound examinations or other services that we have furnished you. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

**FOR HEALTH CARE OPERATIONS:**

We may use and disclose your medical information for our health care operations.

*Example:*

We sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services.

**LAW ENFORCEMENT:**

Under certain circumstances, we may disclose health information to law enforcement officials. We may disclose health information about you when required to do so by federal, state, or local law. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

**OTHER PUBLIC POLICY REASONS:**

We may also release your personal health information to workers' compensation or similar programs. Information about you also will be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

Our Business Associates: We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your personal and identifiable health information.

**4.) YOUR INDIVIDUAL RIGHTS**

*You Have a Right to:*

- 1.) Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you requested unless it is not practical for us to do so. Oral or written requests will be accepted. You may also request access by sending a letter to the contact person listed at the end of this notice.
- 2.) Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- 3.) Request that we place additional restrictions on our use or disclosure of your medical information. We are required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- 4.) Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
- 5.) Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

**QUESTIONS AND COMPLAINTS**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**ST. THOMAS RADIOLOGY ASSOCIATES**  
**VICKIE MARION**  
*Practice Manager/Privacy Office*  
P.O. Box 11839  
St. Thomas, VI 00801  
Telephone: (340) 774-0265

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

**ACKNOWLEDGEMENT FORM**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_