



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

**Why am I receiving this notice?** By law, St. Joseph's Imaging Associates, PLLC must give you a copy of our Notice of Practice Privacy. We are required to inform you of our legal duties and privacy practices where your protected health information is concerned. This informs you of your rights and also tells you how we can use your health information.

We are required to follow the terms of this Notice of Privacy Practices. We do have the right to change these terms of this notice. If we do make changes to this notice, you will be provided an updated copy at your next office visit.

**How do we use and disclose your health information?** When it applies, St. Joseph's Imaging Associates, PLLC is allowed to use and/or release your health information for the following purposes:

**Treatment.** We use your health information to provide care to you and coordinate your health care with your providers. This enables them to provide health services to you. For example, if you are sent on to a specialist we provide them with your health records to assist in evaluating and treating you.

**Payment.** We use and disclose your health information to obtain payment for health care services we provide to you, which includes determining your eligibility for benefits. For example, sending a claim to your insurer that contains information about services we provided to you. We may also send a bill to a family member who is responsible for your care.

You have a right, however, upon written request to restrict a disclosure of protected health information to a health plan when the disclosure is for a payment or healthcare operations and pertains to a healthcare item or service you have paid for out of pocket in full.

**Health Care Operations.** We use and disclose your health information as necessary to enable us to operate our medical practice. For example, we use patient's claims information for our internal accounting activities, and reviewing health records for quality purposes.

**Contacting you.** We may contact you to provide appointment reminders and preparations for your exam. We may call to inform you of your financial responsibility the day of your appointment.

**Others involved in your care.** We may need to disclose medical information to your family, friends, or personal representatives that are responsible for your care.

**Accrediting/Regulatory Bodies.** We are surveyed by organizations such as the New York State Department of Health and other accrediting bodies who may have access to your protected health information to ensure that we are providing quality service.

**Other Disclosures.** We may disclose health information without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which we are required by law to do so. Below are a list of disclosures we may be required to make without your consent:

- Disclosures that are required by state or federal law
- Disclosures to public health authorities or to other persons in connection with public health activities
- Disclosures to government agencies authorized to receive reports of abuse or neglect of children or dependent adults, or domestic violence
- Disclosures to agencies responsible for overseeing the health care system, for audits, inspections or investigations
- Disclosures for judicial and administrative proceedings
- Disclosures to law enforcement agencies
- Disclosures to coroners and medical examiners
- Disclosures to organ procurement agencies, if you are an organ donor or a possible donor
- Disclosures to researchers conducting research under the auspices of an Institutional Review Board or privacy board
- Disclosures to avert a serious threat to health or safety
- If you are a member of the armed forces or a veteran, we may release health information to your military command authority or to the veterans' administration to assist in determining your eligibility for veterans' benefits, disclosures to assist authorized federal officials in national security activities, or for the provision of protective services to officials
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the institution or official
- Disclosures to other agencies administering government health benefit programs, as authorized or required by law
- Disclosures for Workers Compensation or Disability

**Limitations.** In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described above. For example, government health benefit programs may limit the disclosure of health information for purposes unrelated to the program. In addition, there are special restrictions on the disclosure of health information relating to HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information.

**Authorization.** Except as described above, we will not permit other uses and disclosures of your health information without your written authorization, which you may revoke at any time in the manner described in our authorization form.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

*What rights do I have as a patient of the practice?* As a patient of the practice you have the following rights:

*Right to Request Restrictions.* You may request that we limit the certain use or disclosure of your health information. You also have the right to request a limit on the health information we disclose about you to someone involved in your care or the payment of your care. However, we are not required to comply with your request. You must make your request in writing, to include the information you want to limit.

*Right to Request Confidential Communication.* You have the right to receive confidential communication from us. For example, asking us to contact you at a particular number.

You must make your request in writing, to include the description of how you want us to communicate with you.

*Right to Inspect and Copy.* You have the right to see and copy any certain records that we maintain. These include our medical records and billing records concerning you. Under certain circumstances, we may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal the denial.

You must make your request in writing, to include records you wish to inspect or obtain.

*Right to Amend.* You have the right to request that your records be amended if you feel the information in our records is incorrect. We may deny your request in certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.

You must make your request in writing, to include the reason that supports your request.

*Right to an Accounting of Disclosures.* You have the right to request an accounting of certain disclosures of your protected health information. We are not required to account for all disclosures. An accounting of your disclosures is a list of your medical information that St. Joseph's Imaging Association, PLLC discloses to another entity or individual. Your request must state a time period no longer than the previous six years. You are entitled to one accounting within any 12 month period at no cost. If you request a second within that 12 month period you may be charged for the cost of compiling the accounting. You will be notified of the cost involved before the commitment is made.

You must make your request in writing, to include the information of why the accounting is being requested.

**YOU HAVE THE RIGHT TO A PAPER COPY OF THIS NOTICE OF PRIVACY PRACTICES**

The following is a general statement of your rights. They are subjected to all limitations permitted or required by law. St Joseph's Imaging Associates, PLLC reserves the right to change this Notice of Privacy Practices at any time in the future, and to make new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made St Joseph's Imaging Associates, PLLC is required by law to comply with this notice. Notice of changes to the privacy practices will be posted on the St Joseph's Imaging Associates, PLLC website at [www.stjosephsimaging.com](http://www.stjosephsimaging.com)

**How do I exercise these rights?** You can exercise any of your rights by sending a written request to our Privacy Officer at the address below.

**How do I file a complaint if my privacy rights are violated?** You have the right to file a complaint with our Privacy Officer if you believe your privacy rights have been violated.

You must provide us with specific, written information to support your complaint at the address below:

**ST JOSEPH'S IMAGING ASSOCIATES, PLLC  
5100 WEST TAFT ROAD, SUITE 2A  
LIVERPOOL, NY 13088**

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF CIVIL RIGHTS  
HUBERT H. HUMPHREY BLDG.  
200 INDEPENDENCE AVENUE, S.W.  
ROOM 509F HHH BUILDING  
WASHINGTON, DC 20201**

You may also address your complaint to one of the regional Offices for Civil Rights.

A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>

**INDIVIDUALS FILING A COMPLAINT MAY BE ASSURED THAT THEY WILL NOT BE RETALIATED AGAINST FOR FILING A COMPLAINT.**

**MARCH 1, 2015**