

# MEDICAL ARTS RADIOLOGY

## 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.**

### *Uses and Disclosures*

*Treatment.* Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

*Payment.* Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

*Health care operations.* Your health information may be used as necessary to review and adjust the day-to-day activities and management of MEDICAL ARTS RADIOLOGY. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

*Law Enforcement.* Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

*Public health reporting.* Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

*Required by Law.* As required by law in certain circumstances other than public health reporting, your health information may be used and disclosed by our staff, but such use and disclosure will be limited to the relevant requirements of the law concerning such specific circumstances. For example, we may be required to disclose information in the course of an administrative or judicial proceeding.

### *Additional Uses of Information*

*Appointment reminders.* Your health information will be used by our staff to send you appointment reminders.

*Information about treatments.* Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

***Other uses and disclosures require your authorization.***

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

***Individual Rights***

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information. We may not be required to agree to the restriction that you requested due to limitations contained in the applicable laws;
- The right to receive communications from us concerning your medical condition and treatment through reasonable, confidential alternative means selected by you;
- The right to inspect and copy your protected health information;
- The right to amend or submit corrections to your protected health information. We are not required to change your health information and will provide you with information regarding our denial of such requested amendment;
- The right to receive an accounting of how and to whom your protected health information has been disclosed; provided, however, we are not required to provide to you an accounting of disclosures made for the purposes of treatment, payment, health care operations, information provided directly to you and certain government functions; and
- The right to receive a printed copy of this notice.

***MEDICAL ARTS RADIOLOGY Duties***

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

***Right to Revise Privacy Practices***

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws

and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

### ***Requests to Inspect***

#### ***Protected Health Information***

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Compliance Officer at the telephone number and address set forth below.

### ***Complaints***

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns. You also have the right to submit a complaint to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated.

If you believe that your privacy rights have been violated, you should call the matter to our attention by contacting the Compliance Officer at the telephone number set forth below, or by sending a letter describing the cause of your concern to the address set forth below.

You will not be penalized or otherwise retaliated against for filing a complaint.

### ***Contact Person***

The name and address of the person you can contact for further information concerning our privacy practices is:

**Marianne, Lifrieri, the Compliance Officer, 631-666-5620**  
**MEDICAL ARTS RADIOLOGY**  
**17 W. Main Street, Bay Shore, New York 11706**

### ***Effective Date***

This notice is effective on FEBRUARY 11, 2003; amended on December 31, 2009.