



Advanced Radiology Consultants' Notice Of Privacy Practices

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

Advanced Radiology Consultants is required by law to maintain the privacy of your health information and to provide you with this detailed Notice of our legal duties and privacy practices relating to this information. Advanced Radiology Consultants is required to abide, and shall abide, by the terms of the Notice that are currently in effect.

Advanced Radiology Consultants reserves the right to change the terms of this Notice and to make the new provisions effective for all personal health information received and maintained by us now and in the future. We will provide you with a copy of any revised Notice upon request on or after its effective date. In addition, copies of any revised Notice will be posted in our offices and will indicate the effective date.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

As a patient of Advanced Radiology Consultants, information about you may be used and disclosed to other parties for purposes of treatment, payment, and health care operations, as described more fully below. These uses and disclosures do not require your authorization.

For Treatment. We will use and disclose your health information in providing you with diagnostic imaging services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by our doctors and nurses, or disclosed to any other health care provider involved in your care, either within our practice or an outside healthcare provider or facility. For example, we disclose information about your health condition and examination results to a referring physician.

For Payment. We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, to another healthcare provider, or to an insurance or managed care company, Medicare, Medicaid or another third-party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request approval for services that will be provided to you.

For Health Care Operations. We may use or disclose your health information as necessary for Advanced Radiology Consultants' health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to other medical providers of yours for the same purposes or for health care fraud and abuse detection or compliance activities.

For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following lists various ways in which we may use or disclose your health information either with your authorization or as required by law or allowed by HIPAA.

Individuals Involved in Your Care or Payment for Your Care. With your authorization, we may disclose health information about you to a family member, close personal friend or other person you identify who is involved with your care or payment related to your care.

Emergencies. If in the exercise of our professional judgment we deem it necessary to do so, we may use or disclose your health information as necessary in emergency treatment situations in accordance with the law.

As Required By Law. We may use or disclose your health information when required by law to do so. For release of PHI to another provider or imaging facility, the HIPAA privacy rules are the minimum expected and Connecticut state law requires a higher level of notification. If a signed authorization is not provided along with the request for PHI, we will contact you to validate that the request is appropriate.

Business Associate. We may disclose your personal health information to a contractor or business associate that needs the information to perform services for Advanced Radiology Consultants. To protect your health information, we have our business associates sign written contracts that require them to keep your information confidential. For example, our computer consultant may have access to certain personal health information, but is required by law and our contract with them to keep the information confidential and not use it.

Public Health Activities. We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting to the Federal Food and Drug Administration issues concerning problems with products or product recalls, or reporting births and deaths.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use or disclose your health information to notify a government authority, if authorized by law, or if you agree to the report.

Health Oversight Activities. We may disclose your health information to a health oversight committee for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

To Avert a Serious Threat to Health or Safety. We may use or disclose health information to prevent a serious threat to your health or safety or the health or safety of others limiting disclosures to someone able to help lessen or prevent the threatened harm.

Judicial and Administrative Proceedings. We may disclose your health information in response to a court or administrative order. We also may disclose information in

response to a subpoena, discovery request, or other lawful process if we are authorized to do so under the law.

Law Enforcement. We may disclose your health information for certain law enforcement purposes, including, for example, complying with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

Research. We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

Disaster Relief. We may disclose health information about you to a disaster relief organization.

Military, Veterans and other Specific Government Functions. If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities or for the purpose of determining your eligibility for benefits by the Department of Veterans Affairs. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

Benefit Programs. We may use or disclose your health information to comply with laws and obligations relating to workers' compensation or other similar State or Federal benefit programs.

Inmates/Law Enforcement Custody. If you are under the custody of a law enforcement official or a correctional institution, we may, if authorized by law, disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

Fundraising Activities. If authorized by law, we may use certain limited information to contact you in an effort to raise funds for the Advanced Radiology Consultants and its operations. However, you have a right to opt-out from receiving such communications. The process for opting out of fundraising communications is described below.

Treatment Alternatives and Health-Related Benefits and Services. With your authorization, we may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you and that are offered by Advanced Radiology Consultants or its affiliates and its contracted partners, including hospitals.

Appointment Reminders. We may use or disclose health information to remind you about appointments within our practice and appointments we have scheduled for your with other providers.

III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Advanced Radiology Consultants is required to obtain your authorization for most uses and disclosures of psychotherapy notes, the use and disclosure of your health information for marketing purposes and the sale of your health information. Note, however, that Advanced Radiology Consultants will not sell any of your health information. Uses and disclosures not described in this Notice will be made only with your authorization. You may revoke an authorization in writing at any time. If you revoke an authorization, we will no longer use or disclose your health information for the purposes covered by that authorization, except where we have already relied on the authorization.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to Advanced Radiology Consultants. At your request, Advanced Radiology Consultants will supply you with the appropriate form to complete.

Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

We are not required to agree to your requested restriction unless it is a request to restrict a disclosure of health information to a health plan where the disclosure is for payment or health care operations and pertains to a health care item or service for which you (or any person other than the health plan on your behalf) has paid us in full for our services (unless we are required by law to make such disclosure). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment or in accordance with applicable law.

Access to Personal Health Information. You have the right to request copies of your health information, as maintained by us in a designated record set, in any form you choose, provided that the health information is readily producible in that format. You have the right to request your health information electronically and/or to have it directly transmitted to a third party specified by you, per our capabilities. Your request must be made in writing. In most cases we will charge a reasonable, cost-based fee for preparing the copy, which will not exceed our labor costs in responding to your request and postage, if applicable.

We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, in some cases you have a right to request review of the denial. This review would be performed by a licensed health care professional designated by Advanced Radiology Consultants who did not participate in the decision to deny.

Request Amendment. You have the right to request amendment of your health information maintained by Advanced Radiology Consultants in a designated record set

for as long as the information is kept by or for us in a designated record set. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by Advanced Radiology Consultants, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for Advanced Radiology Consultants in a designated record set; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by Advanced Radiology Consultants.

If we accept your amendment, we will notify you and any other individuals or entities that we are required by law to notify. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Request an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by Advanced Radiology Consultants or by others on our behalf. This includes disclosures made for treatment, payment and health care operations if the disclosures are made through an electronic health record.

To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Request a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice on our website, www.adrad.com.

Request Confidential Communications. You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

Notification of Breach of Security. You have the right to be notified of an unauthorized use or disclosure of your unsecured health information and we will notify you of such a breach in accordance with our obligations under the law.

Connecticut Only Requirement:

V. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. Except as provided below and as specifically permitted or required under State or Federal law, health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment may not be disclosed without your special authorization or a court order, or both.

* Psychiatric information. If needed for your diagnosis or treatment in a mental health program, psychiatric information may be disclosed between your treatment team members. Certain limited information may be disclosed for payment purposes.

* HIV related information. Under limited circumstances, HIV-related information may be disclosed for purposes of treatment or payment.

* Substance abuse treatment. If you are treated in a specialized substance abuse program, your special authorization will be needed for most disclosures, not including emergencies.

VI. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

If you have any questions about this Notice or would like further information concerning your privacy rights or wish to make any requests, opt-out of receiving certain communications or object to a disclosure, please contact our Privacy Officer at (203) 696-6125.

If you believe that your privacy rights have been violated, you may file a complaint in writing with Advanced Radiology Consultants at Attention: Privacy Officer, 3 Enterprise Drive, Shelton, CT 06484, or by calling us at (203) 696-6125.

You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services, Centralized Case Management Operations at 200 Independence Avenue, S.W., Room 509F HHH Bldg. Washington, D.C. 20201. Complaints to HHS may also be made online through their secure OCR complaint portal or by fax to (202) 619-3818. We will not retaliate against you if you file a complaint.

VII. CHANGES TO THIS NOTICE

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Web site at <https://www.adrad.com/privacy/>. You can receive a copy of the current notice at any time. The effective date is listed at the end. Copies of the current notice will be available each time you come to our facility for treatment. You will be asked to acknowledge in writing your receipt of this notice.

Effective Date: February, 2020