

Effective date: July 8, 2015

**BLUE BELL OFFICE FORT WASHINGTON
RADIOLOGICAL ASSOCIATES, P.C. JOINT NOTICE OF
PRIVACY PRACTICES**

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

OUR COMMITMENT: When you receive services all the Blue Bell office of Fort Washington Radiological Associates we will create a medical record, in order to provide you with quality care and comply with legal requirements. This record is the property of Fort Washington. We understand that the information in your medical record is personal and are committed to protecting it in accordance with state and federal law.

WHO WILL FOLLOW THESE PRACTICES: This notice is provided to you on behalf of Fort Washington and the radiologists of Radiology Group of Abington, P.C. (collectively referred to in this notice as "Fort Washington"), as required by the Health Insurance Portability and Accountability Act of 1996, and related privacy and security laws and regulations (collectively known as "HIPAA"). All of the health care professionals authorized to practice at Fort Washington, and all members of Fort Washington's staff have agreed to follow the practices described in this notice in using, maintaining and disclosing information about you that is protected health information under HIPAA.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION: The following categories describe different ways we may use and disclose protected health information. Not every use and disclosure within a category is listed, but all of the ways we are permitted to use and disclose protected health information fall within one of these categories.

- For Treatment. Fort Washington's radiologists, technicians and other personnel involved in your care will have access to information about you in order to provide you with medical treatment and services. For example, our radiologists may need to know your health history in order to determine whether the use of contrast media is appropriate for your care. We may also disclose your protected health information to physicians and other health professionals providing care to you outside Fort Washington, such as the physician who ordered your test and your primary care physician.
- For Payment. We may use and disclose protected health information about you in order to obtain payment for the services we provide to you. For example, we may provide information about your diagnosis and the test that has been ordered for you to your insurance company or health plan in order to obtain pre-authorization for the test, if required, and to obtain payment for the services we provide to you.
- For Health Care Operations. We may use and disclose your protected health information for Center operations. For example, we may use and disclose such information for evaluating the quality of the services you received, or the performance of the health care professionals involved in your care.
 - Appointment Reminders; Benefits and Services. We may use your protected health information to provide appointment reminders or to inform you about treatment alternatives, or other health-related benefits or services that may be of interest to you.
 - Research Studies. We may use or disclose your protected health information for research purposes, when the research proposal and protocols established to ensure the privacy of your protected health information have been reviewed and approved by an institutional review board or privacy board.
 - Business Associates. We may disclose protected health information to individuals and entities we engage to perform specific functions for Fort Washington, such as billing or transcription services. We require that our business associates implement appropriate safeguards to such information.
- Family and Friends: Disaster Relief. We may disclose your protected health information to a family member or friend who is involved in your care, or to someone who helps pay for your care. We may also disclose protected health information to entities authorized to assist in disaster relief efforts. Except in certain limited situations, such as an emergency or when you are unable to communicate, we will first give you an opportunity to object to such disclosures.
- Threat to Health or Safety. We may use and disclose protected health information about you when necessary to prevent a serious threat to your health or safety, or to the health or safety of the public or another individual.
- Workers' Compensation. We may release protected health information as required by laws relating to workers' compensation or

similar programs.

- **Public Health Activities.** We may disclose protected health information for public health activities, such as preventing or controlling disease, injury or disability; reporting reactions to medications or problems with products; notifying a person who may be at risk for contracting or spreading a disease; or reporting workplace injury or illness.
- **Domestic Violence, Abuse or Neglect.** We may disclose protected health information in notifying a government authority of suspected domestic violence, abuse or neglect, when required or authorized by law.
- **Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities authorized by law. These activities might include, for example, audits, investigations and inspections conducted to monitor the health care system and government programs.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or other dispute or legal action, we may disclose your protected health information in response to a court or administrative order and, under some circumstances, in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement.** Under certain circumstances, we may release protected health information to assist law enforcement officials in their law enforcement duties.
- **Coroners, Medical Examiners, Procurement Organizations and Funeral Directors.** We may release protected health information to a coroner or medical examiner as necessary to identify a deceased person, or determine the cause of death, to organizations involved in procurement, banking or transplantation of organs or tissues, and to funeral directors as necessary to fulfillment of their duties.
- **Specialized Government Functions.** We may release protected health information for certain specialized government functions. For example:
 - **Military Personnel.** If you are a member of the armed forces, we may release protected health information as required by military authorities.
 - **Inmates.** In the case of an inmate of a correctional facility, or someone under custody of a law enforcement official, we may release protected health information to the facility or the law enforcement official, as necessary (1) to provide the inmate will health care; (2) to protect the health and safety of the inmate or others; or (3) for the safety and security of the correctional facility or law enforcement official.
 - **National Security and Intelligence Activities; Security Clearances.** We may use or disclose your Protected Health Information to authorized federal officials for purposes of intelligence, counterintelligence, security clearances, and other national security activities, as authorized by law.
- **As Required by Law.** We will disclose protected health information about you when required to do so by federal, state or local law.

USES OR DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION: We are required to obtain your written authorization for the following uses or disclosures of your Protected Health Information. Unless otherwise permitted or required by law:

- Most uses and disclosures of psychotherapy notes and/or mental health information;
- Uses and disclosures of HIV status;
- Uses and disclosures related to alcohol and substance abuse;
- Use and disclosures for marketing purposes such as providing your protected health information to a pharmaceutical company or placing you on a mailing list;
- Uses and disclosures that constitute a sale of your protected health information; or
- A request by you to provide your health information to an attorney for use in a civil litigation claim.

You have the right to revoke a written authorization at any time as long as your revocation is provided in writing to our Privacy Officer at the office address at the end of this notice. If you revoke your written authorization, we will no longer use or disclose your Protected Health Information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures, which we may have made pursuant to your authorization prior to its revocation.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION: You have the following rights regarding the protected health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and to receive a paper or electronic copy of medical information that may be used to make decisions about your care. Generally, this includes medical and billing records. To inspect or copy medical

information that may be used in making decisions about your care, submit a request in writing to Fort Washington's Privacy Officer. If you request a copy of the information, we may charge a fee to cover our costs associated with the request. In very limited circumstances, we may deny a request to inspect and copy medical information. In most but not all circumstances, if you are denied access to medical information, you may be able to request that the denial be reviewed. In that case, a licensed healthcare professional other than the individual who denied *your* request will be chosen by Fort Washington to review your request and the denial.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend our information. A request to amend your medical information must be submitted to Fort Washington's Privacy Officer in writing, with a reason supporting your request. We may deny your request if it is not in writing or does not include a reason supporting your request. In addition, we may deny a request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to amend, or is not part of the information you would be permitted to inspect or copy, or is accurate and complete. If we deny your request for an amendment, we will notify you of the reason for the denial. You may then submit a statement of disagreement, or ask that your request become part of your medical record. These documents, and any rebuttal we prepare, will become part of your medical record.

- **Right to an Accounting of Disclosures.** You have the right to request a list of the instances in which we have disclosed your protected health information. Your request must be in writing, directed to Fort Washington's Privacy Officer, and must state a time period not longer than six years. The first list you request within a twelve-month period will be free of charge. We may charge you the costs of providing any additional lists within the same twelve-month period. The list will not include disclosures for treatment, payment or Center operations, disclosures to family members or friends involved in your care, or disclosures that you have authorized in writing.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or Center operations. You also have the right to request a limitation on the protected health information we disclose to someone involved in your care or the payment for your care, such as a family member or friend. You must make your request in writing, directed to Fort Washington's Privacy Officer. Your request must tell us (1) what information you want to limit; (2) whether you want to limit our use or disclosure, or both; and (3) to whom you want the limits to apply. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical information in a certain way, or at a specific location. For example, you can request that we contact you at work. Your request for confidential communications must be made in writing, directed to Fort Washington's Privacy Officer. You need not specify a reason for your request. We will accommodate reasonable requests, when possible.
- **Right to Restrict Disclosure to a Health Plan for Out-of-Pocket-Payments.** You have the right to request that we not disclose to your health plan or other insurer protected health information with respect to an item or service for which you pay out-of-pocket in full. You must make your request in writing, and we are required to honor it.
- **Right to Paper Copy of this Notice.** You have a right to a paper copy of this notice at any time.

OUR RESPONSIBILITIES REGARDING YOUR PROTECTED HEALTH INFORMATION: We are required to (1) keep protected health information that identifies you private; (2) give you this notice of our legal duties and privacy practices with respect to protected health information; (3) follow the terms of the notice that is currently in effect; and (4) notify you of a breach of your unsecured protected health information, in accordance with applicable requirements of HIPAA.

CHANGES TO THIS NOTICE: We reserve the right to change this notice, and to make the changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of our current notice in our offices, and/or on our website www.vibb.org and give you a copy upon request.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with Fort Washington's Privacy Officer at the address below. In addition, you may file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact our Privacy Officer at:
Fort Washington Radiological Associates, P.C.
2701 Blair Mill Rd Blairwood Bldg. Ste. 9
Willow Grove, PA 19090
FAX: (215) 481-2567 PHONE: (267) 416-9534

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was provided a copy of the Notice of Privacy Practices for
FORT WASHINGTON RADIOLOGICAL ASSOCIATES, P.C..

Print Patient Name: _____

Signature of Patient: _____

Date: _____

*If person signing is not the patient, please print your name and relationship to patient:

Name: _____

Relationship: _____

I (patient or representative) request a copy of the Notice of Privacy Practices:

Yes ___

No ___

For Office Use:

If patient/representative requested copy of Notice, date copy was provided:

If no acknowledgment could be obtained, state the reasons why and the efforts taken to try to
obtain the acknowledgment: _____

