

Notice of Privacy Practices

The privacy of your medical information (also called protected health information) is important to us. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

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

Use and Disclosure of Your Medical Information

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. 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 for payment purposes (to bill your insurance or persons responsible for payment)

For Health Care Operations:

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of our employees, conducting training programs, and getting accreditation, certificates, licenses, and credentials we need to serve you. (Examples are: 1) Calling you by name in the waiting area when you go for testing; 2) To contact you to remind you of an appointment; 3) To share with "business associates" that perform various activities, such as billing or transcription services for us.

Additional Uses and Disclosures:

In addition to using and disclosing your medical information for treatment, payment and health care operations, we may use and disclose medical information for the following purposes.

Facility Directory: Unless you notify us that you object, you will be placed in our internal facility director for purposes of identifying and locating you within the facility.

Notification: To notify or help notify a family member, your personal representative or another person responsible for your care.

Other: Medical information may be shared with organizations or persons who are assisting disaster relief. Medical information may be shared for research purposes. Medical information may be shared with government programs providing public benefits. Medical information may be shared in response to a court or administrative order, subpoena, discovery request, or other lawful process. We may disclose health information to comply with laws relating to workers compensation, victims of abuse, neglect or domestic violence. We may disclose health information to agencies providing health oversight activities authorized by law, including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or authorized activities. Under certain circumstances, we may disclose health information to law enforcement officials as needed in the event of criminal activity.

Notice of Privacy Practices *(continued)*

Your Individual Rights:

You have a right to:

1. Look at or get copies of your medical information.
2. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
3. 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.
4. Request that we communicate with you about your medical information by different means or to different locations, by submitting a written request.
5. Request a list of all the times we shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
6. Request a copy of this information.

Questions and Complaints:

If you have a question about this notice, please contact our office.

If you think that we may have violated your privacy rights, contact the office coordinator or manager. You may also submit a written complaint to the U.S. Department of Health and Human Services.

This notice effective July, 24th, 2006.

Acknowledgement:

Bitterroot Imaging Open MRI, L.L.C., is very concerned about the protection of your health information. **Federal law** requires our office to have a signed privacy statement on file for every patient. This law is intended to protect the privacy of your medical records.

Thank You

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

Patient Name (please print)

Date of Birth

Signature

Date