

BROWN & RADIOLOGY ASSOCIATES / THE IMAGING CENTER / EVANS IMAGING CENTER

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.

Each time you visit a healthcare provider a record of your visit is made which typically contains your symptoms, exam, test results, diagnoses, treatment, and plan for future care or treatment. Among other things, this record serves as a means by which you or a third-party payer (insurance) can verify that services billed were actually provided.

We are required by law to make sure that medical information that identifies you is kept private, to provide you with this notice as to our legal duties and privacy practices with respect to medical information about you, and to abide by the terms of this notice.

We will send a written report of the results of your study to the medical professional(s) you indicate is involved in providing your health care. Our billing company may send a bill to you or a third-party payer with information that might identify you, as well as your diagnosis, procedures, and supplies used. We may provide your information to a person that you indicate is involved in the payment for your health care, unless you object in whole or in part.

We may provide copies of written reports and/or loan X-ray films to health care providers that you indicate for purposes of your medical treatment. We may also provide copies of your written reports and/or loan X-rays to medical providers who contact us and request this information. Some of this information may be transmitted electronically. It is our policy to require a signed Release of Information Form prior to release of any medical information about you or your procedures to such individuals/centers unless the requesting entity has been designated by you as your treating physician.

We may contact you via telephone to obtain additional information required to complete your appointment information or as a reminder of your appointment date/time. If you are not available we will leave a message on your answering machine or with an individual who identifies themselves as a family member unless you instruct us in advance not to do so.

Some of our processes are performed by business associates. To protect your health information, however, we require the business associates to appropriately safeguard your information.

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

You have the right to request a restriction on certain uses and disclosures of your information except those uses and disclosures that we are legally required or allowed to make. Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization except to the extent that action has already been taken based on that authorization. You have the right to get a list of uses and disclosures we have made other than those for purposes of treatment, reimbursement, quality assurance, and compliance with the laws that affect the radiologists and the centers, and other than those uses and disclosures authorized by you that are incidental or part of a limited data set (de-identified). We will respond in writing within 60 days. Our response must contain: (1) date of disclosures, (2) description of information disclosed, and (3) statement of the purpose of the disclosures.

You have the right to ask that we send information to you to an alternate address or by alternate means. We must agree to your request so long as we can easily provide it in the format you requested.

You have the right to see and get copies of your medical information that we have, but you must make the request in writing. In some instances you may be required to pick up the requested information at our facility. Confirmation of identification such as a picture ID may be required. If we don't have your medical information, but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. Georgia law allows us to charge for producing these copies.

You have the right to have the radiologists and the centers amend a record about you in a designated record set for as long as the protected health information is maintained in the designated record set; however, we may deny your request for amendment if we determine the record is accurate and complete; is not part of the designated record set; would not be available to you for inspection under right of access; or that the subject of your request was not created by our radiologists and centers, unless you provide a reasonable basis to believe that the originator of the record is no longer available to act on the requested amendment. You must make the request for amendment in writing and provide a reason to support the requested amendment.

If you believe your privacy rights have been violated, you have a right to file a complaint with ATTN: Privacy Officer, Brown & Radiology Associates, P.O. Box 3845, Augusta GA 30914-3845, or with the Secretary of the Department of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all private health information we maintain. A current notice will be available at The Imaging Center and Evans Imaging Center. For further information contact the Privacy Officer at 706-737-4575.

Effective 04/14/03