

NOTICE OF PRIVACY PRACTICES

DELANEY RADIOLOGISTS

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.

If you have any questions about this notice, please contact the Privacy Officer by calling **(910) 762-3882**, or writing to:

**Privacy Officer
Delaney Radiologists
1025 Medical Center Drive
Wilmington, North Carolina 28401**

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices followed by **Delaney Radiologists** (the "Practice") employees, staff and other office personnel. The practices described in this notice will also be followed by the Practice's health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide "call coverage" for your regular health care provider and Business Associates of the Practice.

YOUR PROTECTED HEALTH INFORMATION and THIS NOTICE

"Protected Health Information" ("PHI") or if it is in electronic format, **"Electronic Protected Health Information"** ("E PHI"), is the information that you provide us or that we create or receive from other healthcare providers about your health care or your billing information. This Notice of our legal duties and privacy practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice applies to the information and records we have about your health, health status, and the health care and service you receive at this **Delaney Radiologists**. When we use or disclose (share) your Protected Health Information in any format, we are required to follow the terms of this Notice or other notice in effect at the time we use or share the PHI or EPHI.

This Notice describes how, when and why we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. "Protected health information" means any written, recorded or oral information about you, including demographic data and any electronic information or data, "E PHI", that consists of protected health information in digital format, that may identify you or that can be used to identify you that is created or received by **Delaney Radiologists**, and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the past, present or future payment for the provision of health care to you.

WE ARE REQUIRED BY LAW TO:

- Make sure that your protected health information and electronic protected health information is kept confidential;
- Give you this notice of our legal duties and privacy practices with respect to protected health information about you or your ; and
- Abide by the terms of the notice as currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following describes different ways that we are permitted by HIPAA to use and disclose your PHI and EPHI. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure will be listed and the examples are not exhaustive. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories. The explanation is provided for your general information only. Disclosure of your PHI or EPHI for the purposes described in this Notice may be made in writing, orally, or electronically (e-mail), by facsimile or other means.

For Treatment: We may use protected health information about you to provide you with medical treatment or services. We may disclose such information about you to doctors, nurses, dentists, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a medical condition and may need to know if you have other health problems that could complicate the treatment or if there were earlier X-rays available. The doctor may use your medical history to decide what treatment is best. The doctor may also tell another provider about your condition so that provider can help determine the most appropriate care.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to the pharmacy, scheduling referrals, and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For Payment: We may use and disclose protected health information about you so that the treatment and services received at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. We may also disclose protected health information to another provider involved in your care for the other provider's payment activities. This might include disclosures of demographic information to specialists, surgeons or x-ray providers for payment of their services.

For Health Care Operations: We may use and disclose protected health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new medical treatments are effective.

Other Health Care Providers: We may also share PHI with other doctors and other health care providers when they need it to provide **Treatment** to you, to obtain **Payment** for the care they give to you, to perform certain **Health Care Operations**, such as reviewing the quality and skill of health care professionals, or to review their actions in following the law. We may also disclose PHI and EPHI to another entity covered by HIPAA for certain health care operations of that entity, if the entity either has or had a relationship with you, such as a treatment relationship, and if the protected health information pertains to such relationship. Such disclosure is limited to certain activities of the other entity, including quality assessment and related activities, protocol development, care coordination, contacting health care providers and patients with information about treatment alternatives, reviewing the competency and qualifications of health care professionals, conducting training programs, accreditation, certification, licensure or credentialing activities.

Business Associates: There are some services provided in our Practice through contracts with business associates. An example would be the clearinghouse we use to process our claims and electronically transmit them to your insurance company. To protect your health information, however, we require the business associate to sign a contract with us that they and their employees will appropriately safeguard your information. In addition, HIPAA requires business associates to restrict the use and disclosure of protected health information (PHI) and subjects business associates directly to civil and criminal penalties for violating HIPAA requirements in the same manner as **Delaney Radiologists**.

Appointment Reminders: We may use and disclose PHI or EPHI to contact you as a reminder that you have an appointment for treatment or medical care. We may leave a message on your answering machine or with the person answering the telephone at your residence, or send you a written reminder by postcard, letter, or electronically by email if you request.

Sign-in Sheets: We may use sign-in sheets to check you into the facility. We also may call your name in the waiting room area.

Treatment Alternatives: We may use and disclose PHI or EPHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose PHI or EPHI to tell you about health-related products or services that may be of interest to you.

Family and Friends: Using our best judgment, we may disclose to a family member, close friend or other person you identify, PHI or EPHI relevant to their involvement in the care or payment related to your care. If you are present, then prior to use or disclosure of such information, we will provide you with an opportunity to object to such uses or disclosures. For example, we may assume you agree to our disclosure of your protected health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is being discussed. We will use professional judgment and our experience with common practice to make a reasonable determination, in your best interest, in allowing a person to pick up prescriptions, medical supplies, x-rays or other similar forms of medical information.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to **Delaney Radiologists** that you suffered a broken arm and a fractured jaw and provide updates on your progress and prognosis.

We may also use or share your PHI and/or EPHI to notify (or assist in notifying) these individuals about your location and general condition. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or x-rays.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services, or if there are specific individuals you want restricted from knowledge of your PHI or EPHI.