



# Notice of Patient Privacy Rights

Via Radiology & Via Radiology-Meridian Pavilion respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

## USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

The law protects the privacy of health information we create and obtain in providing care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations.

### FOR TREATMENT

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record for our use in deciding on care to provide you.
- We may also provide information to others providing you care to help them stay informed about your care.

### FOR PAYMENT

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnosis, medical record, procedures performed, or recommended care.

### FOR HEALTH CARE OPERATIONS

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you to obtain insurance billing information.
- We may use and disclose your information to conduct or arrange for services, including:
  - Medical quality review by your health plan;
  - Accounting, legal, risk management, and insurance services
  - Audit functions, including fraud and abuse detection and compliance programs

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## YOUR HEALTH INFORMATION RIGHTS

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have the right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice");
- Request that you be allowed to see and get a copy of your protected health information. You may request this in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information-except in certain circumstances.
- Ask us to change your health information. You may give us the request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health care information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

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### OUR RESPONSIBILITIES

#### We are required to:

- Keep your protected health information private
- Give you this Notice
- Follow the terms of this Notice

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

## Other Disclosures and Uses of Protected Health Information

#### We may use and disclose your protected health information without authorization as follows:

- To Medical Researchers if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a project.
- To Funeral Directors/Coroners, consistent with applicable law to allow them to carry out their duties.
- To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements and products.
- To Comply with Worker's Compensation Laws, if you make a worker's compensation claim.
- For Public Health and Safety Purposes as Allowed or Required by Law:
  - To prevent or reduce a serious, immediate threat to the health and safety of a person or the public.
  - To protect public health and safety
  - To prevent or control disease, injury, or disability
  - To report vital statistics such as births or deaths
  - To report Suspected Abuse or Neglect to public authorities

- To correctional institutions if you are in jail or prison, as necessary for your health and safety of others
- For law enforcement purposes. For example, if we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For health and safety oversight activities. For example, we may share health information with the Department of Health.
- For disaster relief purposes. For example we may share health information with disaster relief agencies to assist in notification of our condition to family or others.
- For work related Conditions that could affect employee health. For example, an employer may ask us to assess health risks on the job.
- To military authorities of U.S. and Foreign Military Personnel. For example the law may require us to provide information necessary to a military mission.
- In the course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- For specialized Government Functions. For example, we may share information for national security purposes.

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

### COMPLAINTS

If you have questions, want more information, or want to report a problem about the handling of your protected health information you may contact us at the address and telephone number, below.

If you believe your privacy rights have been violated, you may contact the Via Radiology Compliance Officer at 206 365-4100 or submit your complaint in writing to the Compliance Officer at: **10700 Meridian Avenue North #505, Seattle, WA 98133**. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.