



## NOTICE OF PRIVACY PRACTICES

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*Effective January 1, 2019*

This notice describes how medical information about you may be used and how you can get access to this information. Please review it carefully.

### **Imaging Associates is committed to protecting the confidentiality of your health information**

We are required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information, and abide by the practices of this Notice, unless more stringent laws or regulations apply. This notice applies to all Imaging Associates facilities that provide health care to you.

### **Who This Notice Applies To**

This notice describes this organization's practices and those of

- Any health care professional authorized to enter information into your record
- Any member of the medical staff who practices here
- All departments and units of this facility
- All employees, staff and other personnel
- Any volunteer, intern, or student we allow to help you while you are a patient

### **Disclosures of your medical information that we may make without authorization for treatment, payment and operations**



**TREATMENT:** Your information may be shared with any provider who is providing you with health care services. This includes coordinating your care with other providers. We may also use your information to contact you for appointments and to provide information about health related products and services that we believe might be helpful to you. We may share information electronically with your health care providers in order to make sure they have your information as quickly as possible to treat you. We will use the utmost care in any situation where we need to disclose your information electronically.

We may also share your medical information with any family member or friend who is involved in assisting with your health care. We will only do this if you agree, and will only share with them the information they need in order to help you. If you are unable to either agree or object to such a disclosure, we may disclose your health care information as necessary if we determine that it is in your best interest based on our professional judgment.

**PAYMENT:** In order to get your health care services paid for, we may have to provide your medical information to the party responsible for paying. This may include Medicare, Medicaid, or your insurance company. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage or reviewing the medical necessity of the imaging services.

**HEALTH CARE OPERATIONS:** Your medical information may be used by us in order to support the business activities of the facility and to ensure that quality health care services are being provided. Some of the activities which would be part of our operations would be quality assessment activity, employee review, training of medical personnel, licensure and accreditation, data aggregation and audits by regulatory agencies. We may share your protected health information with third parties who perform services such as transcription or billing. In those cases we have written agreements with the third parties that they will not use or disclose your information for any other purposes, except as required by law.

### **Other Disclosures That We May Make Without Your Authorization**

There are a number of ways that your medical information may be used without your authorization, generally either because they are required by law or for public health and safety purposes. Those include:

- ***When required by law***
- ***For Public Health activities***
- ***Disaster Relief***



- ***Incidental Disclosures*** – Certain incidental disclosures of your health care information may occur as a byproduct of lawful and permitted use and disclosures of your health care information. These incidental disclosures are permitted if we apply reasonable safeguards to protect the confidentiality of your health care information.
  - ***Communicable Diseases***
  - ***Health Oversight***
  - ***Abuse or Neglect***
  - ***Food and Drug Administration***
  - ***Legal Proceedings***
  - ***Law Enforcement***
  - ***Coroners, Funeral Directors, and Organ Donation***
  - ***Research***
  - ***Criminal Activity***
  - ***Military Activity and National Security***
  - ***Worker’s Compensation***
  - ***If you are an inmate***
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## How we will use and Disclose Your Medical Information With Authorization

Other uses and disclosures of your medical information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke the authorization at any time, in writing, except to the extent that we have already taken an action in reliance on the use or disclosure indicated in the authorization. If you need for us to share your medical information with someone for purposes other than those listed here, you should contact our office for an authorization form.

## Your Rights

The following information describes your rights with respect to your medical information that we maintain.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to ask us to place restrictions on the way we use or disclose your medical information for treatment, payment, or health care operations. We are not required to agree to the restriction, but if we agree to a restriction, we will not use or disclose your medical information in violation of that restriction, unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you.

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**CONFIDENTIAL COMMUNICATIONS:** We will accommodate reasonable requests to communicate with you about your medical information by different methods or alternative locations if you make your request in writing and give it to the front desk.

**ACCESS TO YOUR MEDICAL INFORMATION:** You have the right to receive a copy of your medical information that we maintain, with some limited exceptions.

**AMENDMENT OF YOUR MEDICAL INFORMATION:** You have the right to ask us to change any of your medical information. You need to request this amendment in writing and submit it to the front desk.

**ACCOUNTING OF CERTAIN DISCLOSURES:** You have a right to a listing of certain disclosures we make of your medical information, except for those disclosures made for treatment, payment or health care operations.

## Questions and Complaints

To exercise any of the above rights, or if you are concerned that any of your privacy rights have been violated, please contact our Privacy Officer at 907-562-1211. You also have the right to complain to the Secretary of Health and Human Services at:

**Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue – M/S:RX-11  
Seattle, WA 98121-1831**  
*You will not be retaliated against for filing a complaint.*

Imaging Associates reserves the right to change its privacy practices and its Notice of Privacy Practices at any time. The new notice will be effective for any medical information we create or maintain as of the date of the change. You may request a paper copy of this Notice at any time. You may contact the registration staff to get a current paper copy.

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