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.

This Notice of Privacy Practices is not an authorization. This Notice of Privacy Practices describes how our Business Associates, their subcontractors and 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. Protected Health Information (PHI) is information about you including demographic information that may identify you and that relates to your past, present and future physical or mental health condition (if applicable) and related health care services. This notice will be effective for all PHI that we maintain at this time. You may obtain any revised Notice of Privacy Practices by contacting our office to request a revised copy to be sent to you or coming by our office and asking for a copy.

USES AND DISCLOSURE OF PHI:

We collect health information from you and store it on a DICOM server. This is your medical record. Your medical record is the property of Envision Imaging, but the information in the medical record belongs to you. Envision Imaging protects the privacy of your PHI.

The law permits Envision Imaging to use or disclose your PHI for the following purposes:

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we will disclose PHI to other physicians who may be treating you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may require before it approves or pays for the health care services that have been requested by your physician (e.g., making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities).

Health Care Operations: We may use and disclose, as needed, your PHI in order to support the business activities of our company and our affiliates. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities.

We will share your PHI with third party "business associates" who, in turn, may disclose this information to subcontracting business associates that perform various activities (for example: billing or transcription services) for our company. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Health Information Exchange: We endorse, support and participate in electronic Health Information Exchanges (HIE) as a means to improve the quality of your health and health care experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the HIE, or cancel an opt-in option choice at any time.

Other permitted and required uses and disclosures that may be made without your authorization or opportunity to agree or object: We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object.

These situations include as required by law, public health risk issues for purposes related to preventing or controlling disease, injury or disability, reporting elderly or child abuse or neglect, or reporting domestic violence. Reporting to the Food and Drug Administration (FDA) regarding adverse events, product defects or problems, or to conduct post-marketing surveillance, as required. In the event of legal proceedings, we may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in responses to a subpoena, discovery request, or lawful process. Releasing PHI to law enforcement so long as applicable legal requirements are met, for law enforcement purposes. Criminal activity disclosure will be made as long as it is consistent with applicable federal and state laws, we may disclose your PHI, and if we believe that, the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Military activity and national security when the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel as required by military command authorities. We may disclose your PHI as authorized to comply with workers compensation laws and other similar legally established programs. In the event that an Envision Imaging entity is sold or merged with another organization, your health record will become the property of the new owner.

For Data Breach Notification Purposes: You will be notified immediately is an unauthorized acquisition, access, use or disclosure of your PHI is resulting in the compromise or security of your PHI (a "breach") is detected. We will follow the Department of Health and Human Services' Breach Notification Rule (74FR 42740), which includes timing, method and content requirements for breach notification.

Use and Disclosures of PHI based Upon Your Written Authorization: Other uses and disclosures of your PHI not specifically described in this notice will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. Please understand that we are unable to take back any disclosures already made with your authorization, and we are required to keep records of the care that we provided to you. We must obtain your written authorization before disclosing your PHI in the following situations:

Disclosure that constitute a sale of your PHI- A "sale" of PHI includes any disclosure of PHI in exchange of remuneration, even if the ownership of the PHI remains with our company; and
Uses and disclosure of your PHI for marketing and fundraising purposes.

You have the opportunity to agree or object, in writing, to the use or disclosure of all or part of your PHI. We may use and disclose your PHI in the following instances:

Others involved in your health care of payment for your care: Unless you object, we may disclose to a member of your family, relative, close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

YOUR RIGHTS TO PHI

You have the right to inspect and copy your PHI: This means you may inspect and obtain a copy of PHI about you for so long as we maintain the PHI in the form and format in which you request it, including electronically if readily producible in the requested format within thirty (30) days of our receipt of your written request, unless extended by agreement to sixty (60) days. You may obtain your medical record that contains medical and billing records and any other records that we may use for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in civil, criminal or administrative action or proceeding that are subject to law that prohibits access to PHI. Please contact our Compliance Officer if you have questions about access to your medical record.

You have the right to request a restriction of your PHI: You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment of health care operations. You may restrict disclosure to your health plan for services of which you pay out of pocket. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Compliance Practices. *If you would like to request a restriction of your PHI, please ask our front desk team to provide you with a Request for Restriction form. Your request must state the specific restriction requested and to whom you want the restriction to apply.*

You have the right to request to receive confidential communication from us by alternative means or at an alternative location: We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to our Compliance Officer.

You may have the right to have us amend your PHI: This means you may request an amendment of PHI about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Compliance Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures: You have the right to receive an accounting of disclosures, paper or electronic , except for disclosures: pursuant to an authorization, for purposes of treatment, payment, health care operations; to family members or friends involved in your care. You have the right to specific information regarding these disclosures that have occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us: You may ask for a copy of this notice at any time. You may view a copy of this notice on our website at www.envrad.com.

Confidentiality and security: We maintain physical, electronic and procedural safeguards in compliance with state and federal standards to guard your PHI and personal financial information. These measures include computer safeguards, file security, and restrictions on who may access your information.

Changes to this notice: We reserve the right to amend this Notice of Compliance at any time in the future. Until such amendment is made, Envision Imaging is required by law to comply with this notice. In the event, there is a material change to this notice. The revised notice will be made available; you may request a copy of the revised notice at any time. This notice is effective as of October 12, 2020.

Complaints: If you believe that we have violated your privacy rights in any way, you may file a complaint with our Compliance Officer by sending a letter to 8610 Explorer Drive, Suite 300, Colorado Springs, CO 80920, calling (719) 955-4337 or via email at complianceofficer@envisionradiology.com. Or, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.