

## **Notice of Health Information Privacy Practices Radiology Associates of Norwood, Inc.**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") grants you certain privacy rights regarding your health information maintained by **Radiology Associates of Norwood, Inc. ("RANI")**.

This notice describes the privacy practices of **RANI** and our employees. The purpose of this Notice is to explain how and when health information is disclosed, and your rights regarding your health information. This Notice applies to all of the medical records generated by **Radiology Associates of Norwood, Inc.**

We are required by law to maintain the privacy of your health information and provide you with a description of our privacy practices. When we use and disclose protected health information we are required to abide by the terms of this Notice in effect at the time of the use or disclosure.

### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS:**

The following categories describe the ways that **RANI** may use and disclose health information.

**Treatment:** **RANI** will use a patient's health information in providing and coordinating his/her health care. We may disclose all or any portion of the medical record information to the referring physician, consulting physician(s), nurses, and other healthcare providers who have a legitimate need for such information in the care and continued treatment of the patient.

**Payment:** **RANI** may release medical information for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of medical bills and may include copies or excerpts of medical records, or reports which are necessary for payment of a patient's account. For example, a bill sent to a third party payer may include information that identifies the patient, his/her diagnosis, and the imaging procedures that were performed.

**Routine Healthcare Operations:** **RANI** may use and disclose medical information during routine healthcare operations, including those for quality assurance, compliance programs, utilization review, medical review, internal auditing, accreditation, certification, licensing, credentialing, training, peer review, case management activities, coordination of care, referrals to

other providers, legal services, business planning, and sale of the medical practice to another healthcare provider.

**Family/Friends:** Medical information may also be disclosed to other people involved in a patient's medical care, as appointed by the patient, this includes; family members, friends, clergy, and others who provide services that are part of the patient's care. We may also provide payment information to someone who helps pay for the patient's care. **RANI** will make every effort to seek your written authorization prior to sharing your health information with family members or other person(s) you appoint. If you are not present, are unable to communicate, or there is an emergency situation, **RANI** staff may be required to share your health information for your health and safety. In addition, **RANI** may need to disclose certain health information to notify a family member or other person responsible for your care, and such disclosure may include instructions for your care and information regarding your location, general care, or condition.

**Communications:** **RANI** may use and disclose medical information to contact a patient by telephone or mail and remind him/her of an appointment, to ask for information necessary to appropriately schedule an appointment, to give information or instructions about an imaging service, or to give the results of an imaging service. Patients have a right to request to receive personal health information by an alternative means or at an alternative location. **RANI** will make every effort to accommodate reasonable requests and preferences of patients regarding communication of health information.

**Business Associates:** **RANI** may disclose certain medical information to Business Associates. A Business Associate is an individual or entity under contract with **RANI** to perform or assist **RANI** in the performance of functions or activities which necessitate the use and disclosure of medical information. Examples of Business Associates include, but are not limited to; third-party billing companies, medical transcriptionists, imaging archival companies, medical record copying services, medical equipment service personnel, companies hired to destroy or dispose of out-dated medical records and imaging studies, attorneys, accountants, and consultants. **RANI** requires the Business Associate to protect the confidentiality of medical information.

**Other Personnel in RANI Offices:** On occasion, working or observing personnel who are not **RANI** employees or physicians and who are not **RANI** Business Associates (patient information is not intentionally disclosed to them to perform a function or activity) will be present in the **RANI** offices. These personnel may inadvertently see or hear patients' private health information while performing their duties in the **RANI** offices. Such individuals include, but are not limited to, personnel from other medical offices, sales or delivery people, construction workers, new equipment training representatives, and cleaning people. Such personnel are asked to sign a Confidentiality Agreement before working or observing in the **RANI** offices.

**Regulatory Agencies:** **RANI** may disclose medical information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations, and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights. For example, by law, mammography services must be monitored and accredited.

**Law Enforcement:** RANI may disclose medical information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**Public Health:** As required by law, RANI may disclose medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, the law requires reporting cases of tuberculosis and cases of suspected child abuse.

**Workers Compensation:** RANI may release medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Military/Veterans:** RANI may disclose medical information as required by military command authorities, if a patient is a member of the armed forces.

**Inmates:** If a patient is an inmate of a correctional institute or under the custody of a law enforcement officer, RANI may release medical record information to the correctional institute or law enforcement official.

**Required by Law:** RANI will disclose medical information when required to do so by law.

**Coroners, Medical Examiners, Funeral Directors:** RANI may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. RANI may also release medical information to funeral directors as necessary to carry out their duties.

**Research:** RANI does not sell or otherwise release health information to a third party for the purposes of conducting research. In the event that RANI does desire to release a patient's health information for research, RANI will seek the patient's expressed, written permission for such disclosures and will not make the disclosure without written permission.

**Marketing and Fundraising:** RANI does not disclose patient health information to third parties for the purpose of marketing products or services or for fundraising. It is RANI's policy to never engage in such disclosures. Should RANI desire to make such disclosures in the future, RANI will seek the patient's permission prior to disclosure and will provide the patient with an opportunity to opt-out of such disclosures.

**Other Uses:** Any other uses and disclosures will be made only with written authorization.

**SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE, AND HIV-RELATED INFORMATION:** For disclosures concerning health information relating to care for psychiatric conditions, substance abuse, or HIV-related testing and treatment, special restrictions may apply. For example, RANI generally may not disclose this specially protected information in response to a subpoena, warrant, or other legal process unless the patient signs a special authorization or a court orders the disclosure.

**Psychiatric Information:** If needed for a patient's diagnosis or treatment in a mental health program, psychiatric information may be disclosed based on a patient's general authorization and limited information may be disclosed for payment purposes. Otherwise, **RANI** will not disclose records which relate to a diagnosis or treatment of a mental condition by a psychiatrist or which are prepared at a mental health facility without specific written authorization or as required or permitted by law.

**HIV-Related Information:** HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without the patient's specific written authorization. A general authorization for release of medical or other information will not be sufficient for purposes of releasing HIV-related information. As required by Massachusetts law, if **RANI** makes a lawful disclosure of HIV-related information, **RANI** will enclose a statement that notifies the recipient of the information that they are prohibited from further disclosing the information.

**Substance Abuse Treatment:** If a patient is treated in a specialized substance abuse program, information which could identify such patient as an alcohol or drug-dependent patient will not be disclosed without the patient's specific authorization except for purpose of treatment, or where specifically required or allowed under state or federal law.

**PATIENT HEALTH INFORMATION RIGHTS:** Although all records and imaging data at **RANI** are the property of **RANI**, patients have the following rights concerning their medical information.

**Right to Confidential Communications:** Patients have the right to receive confidential communications of their medical information by alternative means or at alternative locations. For example, they may request in writing that **RANI** only contact them at work or by mail.

**Right to Inspect and Copy:** Patients have the right to inspect and copy their medical information. For information stored in electronic form, patients may receive an electronic copy or may direct that an electronic copy be sent directly to a designated entity, facility or individual. Copying fees may be charged.

**Right to Amend:** Patients have the right to request amendment of their medical information. **RANI** requires completion of a written amendment request, including the reason for the requested amendment.

**Right to an Accounting of Disclosures:** Patients have the right to obtain a statement of the disclosures of their medical information made for purposes other than treatment, payment, and healthcare operations. The request must be in writing.

**Right to Request Restrictions:** Patients have the right to request restrictions on certain uses and disclosures of their medical information. For some uses and disclosures, **RANI** is not required to agree to honor this request. **RANI** must restrict disclosure to a patient's health insurance company if so requested by a self-pay patient.

**Right to Receive Copy of this Notice:** Patients have the right to receive a paper copy of this Notice, upon request.

**Right to Revoke Authorization:** Patients have the right to revoke their authorization to use or disclose their medical information except to the extent that action has already been taken in reliance on their authorization.

**Right to be Notified of a Breach of Unsecured Protected Health Information:** A patient has the right to be notified and **RANI** has the duty to notify a patient of a breach of that patient's unsecured protected health information. A breach means the acquisition, access, use, or disclosure of a patient's unsecured protected health information in a manner not permitted under HIPAA that compromises the security or privacy of the protected health information. If this occurs, the affected patient(s) will be provided information about the breach and how each patient can mitigate any harm as a result of the breach. In some instances, **RANI** may also provide notice of the breach to appropriate local and federal authorities, as required by law.

**ACKNOWLEDGEMENT OF THIS NOTICE:** **RANI** will ask all patients to sign an Acknowledgement form, indicating that you have received the Notice. **RANI** will keep a record of all such patient Acknowledgements of this Notice. Patients should be aware that **RANI** may disclose a patient's health information for treatment, payment, and health care operations as permitted by law even though the patient refuses to sign the Acknowledgement. If a patient refuses to sign an Acknowledgement of this Notice, **RANI** will keep a record of the patient's refusal on file. Patients who wish to limit **RANI**'s ability to use and disclose their information must request a limitation on the use and disclosure of their health information.

**BREACH:** A breach is an event where an unauthorized person or entity receives or accesses a patient's personal health information. In the event of a breach, **RANI** will take immediate steps to protect patient information. **RANI** will provide patients with written notice of a breach as required under state and federal law, and **RANI** may also disclose a breach to the appropriate local and federal authorities.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:** For questions and additional information, please ask one of our **RANI** employees or physicians. If they cannot provide the information, please ask for our Privacy Officer or, if not available, our practice managers. Patients who believe their privacy rights have been violated, may file a complaint with **RANI** or with the United States Department of Health and Human Services. To file a complaint with **RANI** please call 781-762-8010 and ask for the Privacy Officer or write to:

**Radiology Associates of Norwood, Inc.**  
**Privacy Officer**  
**P.O. Box 688**  
**Norwood, MA 02062**

All formal complaints must be submitted in writing. A complaint may also be submitted to:

**Office for Civil Rights, U.S. Department of Health and Human Services, JFK  
Federal Building - Room 1875, Boston, MA 02203**

**voice phone: 617-565-1340, TDD: 617-565-1343,  
fax: 617-565-3809.**

There will be no retaliation for filing a complaint.

**CHANGES TO THIS NOTICE:** RANI will abide by the terms of the Notice currently in affect. RANI reserve the right to change their privacy practices and the terms of this Notice at any time and to make the new practices and Notice provisions effective for all protected health information that they maintain. The new Notice will be posted at RANI office and on the RANI website, [www.radiologynor.com](http://www.radiologynor.com).

**NOTICE EFFECTIVE DATE:** The effective date of this Notice is September 23, 2013.

## **Acknowledgement of Notice of Privacy Practices Radiology Associates of Norwood, Inc.**

A Notice of Health Information Privacy Practices (“NPP”) is provided to all patients of Radiology Associates of Norwood, Inc. (“RANI”). The NPP explains: 1) how a patient’s protected health information may be used and disclosed; 2) each patient’s rights to access, amend, and restrict the use and disclosure of their health information; 3) RANI’s obligation’s to protect patients’ health information; and 4) how a patient may file a complaint with RANI or an independent agency.

The undersigned certifies that he/she has read the foregoing, has received a copy of RANI’s Notice of Health Information Privacy Practices, and is a patient of RANI or is a personal representative of a patient of RANI.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient’s Representative

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

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### **Internal Use Only**

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of NPP

\_\_\_\_\_  
Version of NPP (as noted on NPP)

If patient did not provide an Acknowledgement of the NPP, please indicate where appropriate:

Patient was unable to sign

Patient refused to sign

Other: \_\_\_\_\_