

HIPAA Notice of Privacy Practices

Health Insurance Portability and Accountability Act

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 describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations (TPO), 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 any information that may identify you and that relates to your past, present, or future physical or mental health condition and any related health care services and payment for those health services.

1. Uses and Disclosures to Protected Health Information

Your PHI may be used and disclosed to carry out treatment, payment, or health care operations or other specified purposes permitted or required by law.

TREATMENT: We will use and disclose your PHI to provide, coordinate and manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI as necessary to a health agency that provides care to you. Your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

PAYMENT: Your PHI will be used as needed to obtain payment for your health care services. For example, obtaining approval for a medical procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval for such procedure.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. 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. For example, we may disclose your PHI to medical students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your technician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose your PHI in the following situations without your authorization. These situations included: as required by law, Public Health issues as required by law, Communicable Diseases, Health Oversight, abuse or neglect, Food and Drug Administration requirements, Legal Proceedings, Law enforcement, Coroners, funeral directors, and organ donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates, Required Uses and Disclosures, Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your PHI.

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PHI. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject or law that prohibits access to PHI.

YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. 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 the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. Electronically.

You may have the right to have your physician amend your PHI. 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.

You have the right to receive and accounting of certain disclosures we have made, if any, of your PHI. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer at 360.424.6161 of your complaint. We will not retaliate against you for filing a complaint because we want to be able to fix what the problem so it won't happen again.

This notice was published and becomes effective on/or before April 14, 2003

This notice is also a joint notice of privacy practices by Skagit Radiology Inc PS, Skagit Digital Imaging, Skagit Valley Ultrasound Associates, and Skagit Osteoporosis Detection Center and other non employee practitioners that have agreed to follow this notice in connection with care provided at Skagit Radiology Inc PS, Skagit Digital Imaging, Skagit Valley Ultrasound Associates and Skagit Osteoporosis Detection Center, We may share your health information with these independent practitioners for treatment, payment and health care operations activities related to care provided at Skagit Radiology Inc PS, Skagit Digital Imaging, Skagit Valley Ultrasound Associates and Skagit Osteoporosis Detection Center.

Copies of this notice are available upon request.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(TO BE FILED IN PATIENT'S MEDICAL RECORD)

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted by law and outlining my rights regarding my health information.

Signed: _____

Date: _____

Please print your name here: _____

Relationship (if not signed by the patient): _____

INTERNAL USE ONLY

If the patient/patient's representative refuses to sign the acknowledgement, please document date and time the notice was presented to the patient and sign below.

Presented on:

Date: _____ Time: _____ am/pm

By (employee's name): _____