

## **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.**

Federal law gives you the right to be told ahead of time about the following aspects concerning your medical information, also referred to as “protected health information” or “health information”. This Notice explains the following:

1. How we will handle your protected health information;
2. Our legal obligations with respect to your protected health information; and
3. Your rights with regard to your protected health information.

This facility will generally only disclose health information about you for the purposes of treatment, payment or health care operations as highlighted below.

### **I. Examples of Health Information Disclosures**

1. Images and reports from your MRI scan(s) may be electronically transferred to our reading radiologist(s) for interpretation, to your referring provider, or any other medical provider involved in your follow-up care/treatment;
2. Medical records may be produced to your health insurer, worker’s compensation carrier or employer for purposes of obtaining payment; and
3. Medical information, including scan images, may be disclosed to third parties who have an obligation to protect the confidentiality of the health information, for quality assessment, peer review, continuous quality improvement, education and training, clinical protocol development and improvement, equipment testing and calibration, credentialing of licensed professionals &/or entities. In such instances, the facility will exercise good faith effort to ensure any information used for these purposes does not identify you.

### **II. Examples of Permitted Patient Contact.**

We (or contracted third-party vendors) may contact you by telephone, cell phone, email, written correspondence or electronic communication to provide you with:

1. Appointment details and preparation;
2. Appointment reminders;
3. Information about your procedure or treatment as well as procedure or treatment alternatives;
4. Information about health-related benefits and services that may be of interest to you.
5. Information about total amount due and payment options from your MRI scan(s).

6. Follow-up patient satisfaction surveys or suggestions on how to share your experience at our facility with your family and friends.

### **III. Examples of Permitted Communications with Family Members.**

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or other person you identify, health information relevant to your care or payment/billing information. In an emergency situation it may be imperative to fully inform your next of kin, domestic partner and/or family member about the medical situation.

### **IV. Other Permitted Uses and Disclosures of Protected Health Information.**

We may legally share your protected health information with other entities or providers for the following purposes without your specific permission:

1. As required by state and federal laws and regulations.
2. To fulfill public health required reporting to state and federal health, and child and elder protection authorities, and to agencies such as cancer registries.
3. For health oversight activities.
4. For legal and administrative proceedings.
5. For law enforcement purposes under specific conditions.
6. To avert a serious threat to health or safety.
7. As authorized by applicable workers compensation laws.
8. For public health, health care operations, research, purposes.

Where possible, the facility will exercise good faith effort to ensure any information for these purposes is de-identified.

### **V. Uses and Disclosures that Require Your Written Authorization.**

If we desire or are requested to use or disclose your protected health information for other than the purposes listed above, we must first obtain your written permission. You may revoke such consent at any time in writing or, in certain cases, verbally, except to the extent that the facility has already acted upon your previously provided consent.

### **VI. Your Health Information Rights.**

The medical images, medical record(s) and billing records maintained are the physical property of the facility or its affiliate that rendered medical treatment to you. You have the following rights with respect to your protected health information:

1. Right to request a restriction on certain uses and disclosures of your health information by hand-delivering, faxing or mailing the request in writing with a signature to the facility. The facility is not required to grant the request but will make reasonable effort to accommodate your request.
2. Right to obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at the site of the facility;

3. Right to inspect and copy your health record and billing record—you may exercise this right by hand-delivering, faxing or mailing the request in writing with a signature to the facility.
4. Right to request that your health care record be amended to correct incomplete or incorrect information by hand-delivering, faxing or mailing the request in writing with a signature to the facility. Please note that we are not required to make such amendments. You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
5. Right to receive an accounting of disclosures of your health information made in the six years prior to the date on which the accounting is requested as required to be maintained by law by hand-delivering, faxing or mailing the request in writing with a signature to the facility.
6. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
7. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location hand-delivering, faxing or mailing the request in writing with a signature to the facility and,

If you wish to exercise any of the above rights, please contact the office manager at New Hampshire Open MRI (phone: 603-298-6736 fax: 603-298-6737), mail: 8 Commerce Avenue, West Lebanon NH 03784) or Vermont Open MRI (802-863-1249, fax 802-863-9979), 3000 Williston Road, South Burlington, VT 05403 to assist you with the steps to exercise your rights.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

## **VII. Our Responsibilities**

The facility is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice as to the duties and privacy practices of the facility as to the health information collected and maintained about you;
- Abide by the terms of this Notice;
- Request that you sign an acknowledgement that you have received this notice;
- Notify you if the facility cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provisions in our business and privacy and access practices and to enact new provisions regarding protected health information without notification. If our practices change, the Notice will be amended to reflect the changes. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of the “Notice”

or by visiting the facility and picking up a copy. A copy of the current notice will be posted at the facility or site of service or the website, [vtopenmri.com](http://vtopenmri.com) or [nhopenmri.com](http://nhopenmri.com)

### **VIII. To Request Information or File a Complaint**

If you have questions, would like additional information, or wish to report a concern or problem regarding the handling of your information, you may contact the office manager.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint to New Hampshire Open MRI at 8 Commerce Avenue, West Lebanon, NH 03784 or Vermont Open MRI, 3000 Williston Road, South Burlington, VT 05403. You may also file a complaint by mailing it to the U.S. Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201 or calling 877-696-6775.

We will take no retaliatory action against you if you file a complaint about our privacy practices. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment.

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