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## NOTICE OF PRIVACY PRACTICES

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Company Contact: Mark Stevens, Chief Operating Officer

Effective date: April 23, 2010

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**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.**

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USTeleradiology respects the spirit and language of all patient privacy laws, including the Health Care Insurance Portability and Accountability Act of 1996 (better known as HIPAA) and the recently passed Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act). We take our legal obligations to upholding your privacy extremely seriously. USTeleradiology is regulated by HIPAA and HITECH Act, and, in upholding these laws, we must protect the privacy, security, confidentiality, and integrity of your patient information.

Please read this notice carefully as it outlines what information about you we collect, how we use such information, and what rights you have regarding your information.

### **Treatment, Payment, and Operations**

The use of your health care information for treatment, payment, or operations is how USTeleradiology will most commonly disclose or use your personal information. This information is typically sent to our company from the health care facility or imaging center you visit.

Treatment: Treatment refers to the disclosure or accessing of your patient information for conduction requested health services. For instance, USTeleradiology will ask for your information and diagnostic imaging study along with any accompanying and pertinent health care reports in performing its services. The term “treatment” refers only to those activities directly involved in the provision of health services.

Payment: We may disclose your health information with third-party billing companies and other organizations for the purposes of billing and payment. Your information might also be disclosed internally to those within departments directly involved in the payment and billing processes.

Operations: In conducting ancillary company services, such as Quality Assurance, Operations Management, and Information Technology, your information may be disclosed or accessed by individuals in those departments. The term “operations” includes all activities that must be taken by USTeleradiology to conduct the business.

Health information is used routinely in our offices in carrying out activities related to treatment, payment, or operations. We have instituted numerous safeguards to ensure that your information is used appropriately and confidentially.

### **Uses and Disclosures without Patient Permission**

In certain situations, USTeleradiology will use or disclose your patient information without your permission. These situations will only be those required and allowed by law. They included:

- When a state or federal law mandates that health information be reported for a specific purpose.
- For public health purposes, such as contagious disease reporting and investigation or surveillance.
- To government authorities about victims of suspected abuse, neglect, or domestic violence.
- For health oversight activities, such as for the licensing of doctors, audits by CMS, or investigations of health care law violations.
- In response to subpoenas or orders of courts or administrative agencies.
- For law enforcement purposes, such as to provide information about someone who is a victim of a crime, or to report a crime that has happened on the company’s premises or elsewhere.
- To a medical examiner for identification of a deceased individual.
- For health related research.
- To prevent a serious threat to health or safety.
- Information that has been de-identified to protect the identity of the patient from whom it came.
- Incidental disclosures that are unavoidable byproducts of permitted uses and disclosures.
- To business associates that perform health care operations for the company and who commit to respect the privacy of your health information.

### **Other Uses and Disclosures**

We will not make any other uses or disclosures of your health information without first obtaining a signed authorization form from you. This authorization form will be formatted to government specifications and will include all required questions and information for you. Should you initiate and request a disclosure of your health information be made, you will have the right to use one of our company’s documents, or you may provide a document of your own, provided all necessary information and questions are included.

### **Patient Rights**

- **Restrictions to Disclosures:** You have the right to request limits and restrictions to whom our company discloses your patient information. While we are only required to agree to your request in specific circumstances, such as restricting the information from being given to your insurance company if you are paying for the study out of pocket, if we agree to what you have requested, we must abide by your

request completely, except as required by law, in emergent situations, or when the information is necessary to uphold your quality patient care.

Requests can be submitted to the person listed at the beginning of this notice. Requests can be made by written letter or fax. You must state the specific information you want restricted and the parties from whom you want the information restricted. You may also revoke agreed upon restrictions at anytime by sending a written letter or fax.

- **Communications Restrictions:** You may ask that we communicate with you in a particular way, at a certain location, or during specific times or dates to maintain your confidentiality. You can submit your request by written letter or fax. You do not have to give a reason for your request. You may also revoke your request at any time by sending a written letter or fax to the person listed at the beginning of this notice.
- **Inspecting Medical Records:** you have the right to request access to, inspect, and copy your medical information which we retain. You may request this access and such requests must be submitted via written letter or fax. We will comply with all requests as quickly as possible.
- **Amending Medical Records:** Should you find inaccurate or incomplete information in the information we retain on you, you have the right to request an amendment to your health information. Your request must be submitted via written letter or fax and must state a reason for altering your medical record. If we determine your records to be complete and accurate, we reserve the right to deny your request to amend your records or if we did not create the information. You also have the right to submit your own amendment to your medical record. The amendment submitted by you should be no longer than 250 words and will be included in any reports released.
- **Accounting of Disclosures:** You have the right to request a list of non-routine disclosures of your health information made within the last six (6) years. Disclosures made for treatment, payment, or operations purposes will not be included in this list.
- **Privacy Notice Paper Copies:** Our Notice of Privacy Practices will be provided to you in paper form upon written, called, faxed, or e-mailed request.

### **Notice of Privacy Practices**

We are required by law to uphold and abide by the terms of our most recent version of Notice of Privacy Practices. We reserve the right to alter, update, or amend this Notice at any time so long as the law allows. Should we alter or change this notice, the new privacy practices notice will apply to all health information currently retained and that which we will retain in the future. Any updated versions of our privacy practices will be available through our website and by request.

### **Complaints**

If you believe our company or any member thereof has violated your privacy rights, you may file a complaint with the Compliance Department at our company via written letter, fax, call, or e-mail. You also have the right to file a complaint with the Office for Civil Rights, Department of Health and Human Services. We will not retaliate against you for making a complaint.

### **For More Information**

If you want more information about our privacy practices, contact our office via any of the information given at the beginning of this notice.