

Notice of Privacy Practices Camelback Imaging

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

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information in accordance with all federal and state laws. When you receive services at the practice, we create a record and need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to the practice's records that are generated by your visit to the practice, whether the practice or your personal doctor makes these records.

Who Will Follow These Privacy Practices:

This notice describes the practices of this practice and that of any health care professional that is authorized to practice at the practice and to enter information into your medical record at the practice. All practice employees, staff and other personnel at the practice have agreed to follow the terms of this notice. In addition, these entities, sites and individuals may share medical information with each other for the treatment, payment or practice operations purposes described in this notice.

How We May Use and Disclose Medical Information About You:

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and may give some examples. While not every use or disclosure in a category is listed, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use medical information about you to provide you with medical treatment/services. We may disclose medical information about you to doctors, nurses, technicians, or other practice personnel who are involved in your care at the practice.
- **For Payment:** We may use and disclose medical information about you so that the treatment/services you receive may be billed to and payment collected from you, your insurance company or a third party.
- **For Health Care Operations:** We may use and disclose medical information about you for the practice operations related to organized health care arrangements.
- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that an appointment for treatment/services at the practice.
- **E-mail and Web:** We utilize e-mail and the internet as a means of communicating between patients, providers, and the office. Thus, all aspects of your medical history may be transmitted by e-mail to the fore mentioned entities.
- **Procedure Alternatives or Health Related Benefits or Services:** We may use and disclose medical information to tell you or your physician about or recommend possible treatment options or alternative that may be of interest to you or more appropriate. We may also use and disclose medical information to tell you about health related benefits or services that may be of interest.
- **Business Associates:** We may disclose medical information to those that we contact with as business associates so that they may do their jobs on behalf of the practice. Examples include management services, transcription services and translator services. We require that all business associates implement appropriate safeguards to protect your medical information.
- **Individuals Involved In Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Except in certain limited situations, such as an emergency or if you are unable to communicate, we first will give you the opportunity to agree or object to this disclose.
- **As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and

safety or the health and safety of the public or another person. Any disclosure however, would only be to someone who is likely to help prevent the threat.

Special Situations:

- **Military Personnel:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may release medical information about you to the extent required by law for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Activities:** We may disclose medical information about you as authorized by law for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to report workplace illness or injury; or
 - to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example audits, investigation, inspections, and licensure. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit, a dispute, or some other legal action, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in a response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if the requesting party states that it has made efforts to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release medical information if asked to do so by law enforcement official:
 - Where required by federal, state, or local law;
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person (but we will only give limited information)
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About criminal conduct at the practice; and
 - In emergency circumstances to report: a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner as necessary, or required, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses and Disclosures of Your Medical Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you permit us to use or disclose medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you permit us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

Your Rights Regarding Medical Information about You: You have the following rights regarding medical information:

- **Right to Request Confidential:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing to the practice. We will generally try to be flexible and reasonable in accommodating reasonable requests. For example, a request to send lab results to a post office box rather than an individual's home address or to have this office contact the individual at work rather than at home are the types of requests that will be routinely granted. We will not inquire or require an individual to explain or provide a basis for a request. You may be billed our actual costs of accommodating such requests. If you are denied, you may submit all information to the Compliance Officer. After review, the decision of the Compliance Officer on all requests is final, and a denial is not reviewable by the individual. This office will refuse requests for alternative communication if the individual has not provided information as to how payment will be handled, or if the individual has not specified in writing an alternative address or method of contact.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request restriction, you must make your request in writing to the practice. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we inform you that we will no longer comply with your request.
- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. To request an amendment, your request must be made in writing and submitted to the practice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment.
 - was not created by us, unless the person or the originator it no longer available to act on the request;
 - the individual cannot have access to the health information
 - the information was compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;

- we have determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person;
- the request does not pertain to the patient's medical and financial records;
- the existing health information is accurate and complete.

If we deny your request for an amendment, we will notify you of the reason for the denial. If you disagree with our denial, you may submit a statement of disagreement or ask that your request become part of your record. In response, we may prepare a rebuttal statement. These will be made a part of your record.

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information we put together to prepare for a legal action, and certain information covered by laws relating to laboratories. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the practice. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may be able to request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of most of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the practice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to a paper Copy of This Notice:** You have the right to a paper copy of this notice.

Our Responsibilities Regarding Your Medical Information: We are required by law to (1)keep medical information private; (2)give you this notice of our legal duties and privacy practices with respect to medical information about you; and (3)follow the terms of the notice that is currently in effect.

Changes to this Notice: We reserve the right to change this notice. We reserve the right to make the changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the practice. The notice will contain on the first page, in the top right hand corner the effective date.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Practice by contacting our Compliance Officer. In addition, you may file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact the Compliance Office at Judyf@palindromehealthcare.com or 602-256-2525.

*Acknowledgment of Receipt of Privacy Notice
Original to be maintained in Patient's permanent medical record.
Camelback Imaging*

I have been presented with a copy of the notice of Privacy Practices, dealing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the notice, and I release any or all medical information to be used in accordance with the practices outlined above. I request the following restriction(s) concerning the use of my personal medical information (PHI).

Printed Name of Patient

Patient or legally authorized individual signature

Date

Printed Name if signed on behalf of the patient
representative, etc.)

Relationship (parent, legal guardian, personal
representative, etc.)

You have my permission to discuss my medical progress with the following people (other than your referring doctor, family members, other specified person(s) :

Name and Relationship: _____

Name and Relationship: _____

May we leave results on your answering machine or voicemail? (Circle one) Yes No

I understand that when the information is disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. Further, I understand this consent can be revoked at any time except to the extent that disclosure in good faith has already occurred in reliance to this consent. Otherwise, this shall remain in effect for 1 year.