



Notice of Privacy Information 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.

If you have any questions about information contained on this form please contact: Privacy Officer.

A. Purpose of the Notice

Seattle Radiologists, APC, is committed to preserving the Privacy and confidentiality of your health information that is created and/or maintained at our clinic. State and federal laws and regulations require us to implement policies and procedures to safeguard the Privacy of your health information. This Notice will provide you with information regarding our Privacy practices and applies to all of your health information created and/or maintained at our clinic, including any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

We will abide by terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. A current copy of the Notice, which will identify its effect date, is posted in our clinics as well as our website at www.searad.com.

The Privacy practices described in this Notice will be followed by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at Seattle Radiologists, APC, LifeScreen Imaging PLLC, Seattle Vein Clinic or Neuro-Ophthalmic Consultants, NW;
2. All employees, students, residents and other service providers who have access to your health information at LifeScreen Imaging, PLLC, Seattle Radiologists, APC, Seattle Vein Clinic, or Neuro-Ophthalmic Consultants, NW; and
3. Any member of a volunteer group that is allowed to help you while receiving services at our LifeScreen Imaging, PLLC, Seattle Radiologists, APC, Seattle Vein Clinic, or Neuro-Ophthalmic Consultants, NW.

The individuals identified above will share your health information with each other for purposes of treatment, payment and health care operations, as further described in the Notice.

B. Uses and Disclosures of Health Information for Treatment, Payment, and Health Care Operations.

1. **Treatment, Payment and Health Care Operations.** The following section describes different ways that we may use and disclose your health information for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure, but the ways in which we use or disclose you information will fall under one of these purposes.
 - a. **Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to referring doctors, nurses, technicians, or other personnel who are involved in your health care. For example, treatment providers (e.g. your referring doctor, clinics, specialists, hospitals, or other doctors) may request a copy of your X-rays or reports.
 - b. **Payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment. For example, we may need to give health information to your health plan in order to verify referring physician information.

- c. **Health Care Operations.** We may use or disclose your health information in order to perform the necessary administrative, education, quality assurance, and business functions of our clinic.

C. Uses and Disclosures of Health Information in Special Situations

We may use or disclose your health information in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures as provided for in Section C of this Notice.

1. **Appointment Reminders, Repeat Exams and Follow-up Scans.** We may use or disclose your health information for purposes of contacting you to remind you of health care appointments, repeat exams or follow-up scans.
2. **Treatment Alternatives & Health-Related Products and Services.** We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related products or services that may be of interest to you.
3. **Family Members and Friends.** We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. We may also disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures related to that family member or friend's involvement in your care. For example, if complications occur and you have to receive emergency care during your procedure.

D. Other Permitted or Required Uses and Disclosures of Health Information

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. **As required by law:** We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (DHHS) to disclose your health information in order to allow DHHS to evaluate whether we are in compliance with Federal Privacy Regulations.
2. **Public health activities:** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
3. **Health oversight activities:** We may disclose your health information to a health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable State and Federal laws and regulations.
4. **Judicial or administrative proceedings.** We may disclose your health information to courts or administrative agencies charge with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
5. **Worker's Compensation.** We may also disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
6. **Law Enforcement Officials, Lawsuits and Disputes.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons, or similar process.
 - To identify or locate a suspect, fugitive, material witness, or missing person.
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
 - About a death we believe may be the result of criminal conduct.
 - About criminal conduct at the practice.

- 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.

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

7. **Medical Research.** We may use or disclose your protected health information for research purposes provided that an institutional review board authorized by law or a Privacy board waives the authorization requirement and provided that the researcher makes certain representations regarding the use and protection of the protected health information to be disclosed.
8. **To avert a serious threat to health or safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
9. **Military and veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
10. **National security and intelligence activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
11. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (1) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

E. Uses and Disclosures Pursuant to your Written Authorization

Except for the purpose identified in Sections B through D, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so **in writing**. If you revoke your authorization we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

F. Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

1. **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. You have the right to inspect and copy medical information that may be used to make decisions about you. You must submit your request in writing to Privacy Officer. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.
2. **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 the practice. To request an amendment, your request must be made in writing and submitted to:

Privacy Officer
Seattle Radiologists
1229 Madison St, Suite 900
Seattle, WA 98104 Phone: 206-292-6233 Fax: 206-292-7764

In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by this practice

- Is not part of the information, which you would be permitted to inspect and copy.
 - Is accurate and complete.
3. **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list 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 Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we will 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.
 4. **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, like a family member or friend. For example, you could ask that we not use or disclose information about treatment you had. ***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. To request restrictions, you must make your request in writing to Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
 5. **Right to a Paper Copy of this Notice.** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Officer.

G. Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or 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 the effective date on the first page.

H. Question or Complaints

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer. If you believe your Privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the DHHS. To file a complaint with our clinic contact:

Privacy Officer
Seattle Radiologists
1229 Madison St., Suite 900
Seattle, WA 98104 Phone: 206-292-6233 Fax: 206-292-7764

All complaints must be submitted in writing – You will not be penalized for filing a complaint

I. Other Uses of 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 permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, 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 provided to you.