



Privacy Policy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. We are required to: maintain the privacy of medical information provided to us; provide notice of our legal duties and privacy practices; and abide by the terms of our Notice of Privacy Practices currently in effect.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as: Your name, address, and phone number. Information relating to your medical history. Your insurance information and coverage. Information concerning your doctor, nurse or other medical providers. Imaging Reports. In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations such as the referring physician, your other doctors, your health plan, and close friends or family members.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information about you in different ways. We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures. We will use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered. We may use and disclose information about you for the general operation of our business. We may disclose health information about you when we are required to do so by federal, state, or local law. We may disclose protected health information about you in connection with certain public health reporting activities. Public health authorities include but are not limited to state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency. We are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. We may disclose your protected health information in situations of domestic abuse or elder abuse. We may disclose protected health information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of the health care system, governmental benefit programs for which health information is relevant to determining beneficiary eligibility, entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or entities subject to civil rights laws for which health information is necessary for determining compliance. We may disclose information in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities. We may release personal health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may release personal health information to organ procurement organizations, transplant centers, and eye or tissue banks. We may release your personal health information to workers' compensation or similar programs. Information about you also will be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others. If you are a member of the Armed Forces, we may release personal health information about you as required by military command authorities. We may disclose your protected health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order. We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Patient information provided to us may be electronically received via fax or internet also patient information may be sent to referring physicians offices from our center. Information is intended for access and use solely by physicians and authorized members of their staff. Patient Data may be transmitted, stored, and received through our secure website.

INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required, to accept it. You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. Except under certain circumstances, you have the right to inspect and copy medical and billing records about you. If you ask for copies of this information, we may charge you a fee for copying and mailing. If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information.

You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time. We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

ACKNOWLEDGMENT OF RECEIPT OF THE PRIVACY POLICY AT FLORIDA RADIOLOGY CENTERS

I acknowledge that I have received or been offered the Notice of Privacy Practices of Florida Radiology Centers. I understand that the Notice describes the uses and disclosures of my protected health information by Florida Radiology Centers and informs me of my rights with respect to my protected health information.

Signature of Patient or Personal Representative

If Personal Representative, indicate relationship

Printed Name of Patient

Date

Declinations

_____ The Individual declined to accept a copy of the Notice of Privacy Practices.

_____ The Individual received a copy of the Notice of Privacy Policy but declined to sign an Acknowledgment of Receipt.

Signature of Florida Radiology Centers Representative

Printed Name of Florida Radiology Centers Representative