



NOTICE OF PRIVACY PRACTICES
Effective Date of this Notice: May 1, 2014

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, please contact the Director of Imaging at the address or phone number at the end of this notice.

Who will follow this notice?

Santa Fe Imaging provides healthcare to our patients, residents and clients in partnership with physicians and other professionals and organizations. This privacy practices information in this notice will be followed by:

- ❖ Any healthcare professional who treats you at any of our locations;
- ❖ All departments and units of our organization including all off-campus units or departments;
- ❖ All employed staff of our organization with whom we may share information as permitted within our organized healthcare arrangement.
- ❖ Any Business Associate or Business Associate sub-contractor, or any affiliate or partner of Santa Fe Imaging, with whom we share health information.

Our pledge to you:

- ❖ We understand that medical, billing and personal information is very important and we are committed to protecting the privacy of that information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by our Associates or your personal physician. Your personal physician may have different policies or Notices regarding the physician's use and disclosure of medical, billing and personal information created in the physician's office.
- ❖ We will not sell your medical or personal information for direct or indirect payment without your authorization.

We are required by law to:

- ❖ Keep medical, billing and personal information about you private;
- ❖ Give you this Notice of our legal duties and privacy practices with respect to your protected health information;
- ❖ To notify you of an unauthorized disclosure of your unsecured medical, billing or personal information;
- ❖ Follow the terms of the Notice currently in effect.



Changes to this Notice:

We may change our policies and privacy practices at anytime. Changes will apply to your protected health information we already have, as well as new information obtained after the change occurs. When we make a significant change in our policies, we will change our Notice and post the Notice prominently in waiting areas and on our website at www.santafeimaging.com. You can receive a copy of the current Notice at any time. The effective date is listed just below the title. You will be offered a copy of the current Notice each time you register at our facility for treatment. You will also be asked to acknowledge your receipt of this Notice in writing.

How we may use and disclose your protected health information:

We may use and disclose medical, billing and personal information about you for:

- ❖ **Treatment** (such as sending medical information about you to another provider of healthcare as part of a referral);
- ❖ To obtain **payment** for care provided (such as sending billing information to your insurance company); NOTE: if you pay out of pocket in full for the care or service provided, you have the right to ask us to restrict the disclosure of that information to your insurance company;
- ❖ And to support our **health care operations** (such as comparing patient data to improve treatment methods).

We may use and disclose medical information about you without your authorization for:

- ❖ Public health purposes;
- ❖ Abuse or neglect reporting;
- ❖ Health oversight audits or inspections;
- ❖ Some research studies;
- ❖ Worker's compensation purposes;
- ❖ During emergencies;
- ❖ When required by law, such as in response to a request from law enforcement officials in specific circumstances;
- ❖ In response to valid judicial or administrative orders.

We may contact you without authorization for:

- ❖ Appointment reminders;
- ❖ To inform you about possible treatment options, alternatives, health related benefits or services that may be of interest to you.



Other uses of your medical information:

- ❖ Other than face-to-face conversations about services and treatment alternatives we will not use your protected information for marketing purposes without your authorization.
- ❖ In any other situation not mentioned in this Notice, we will ask for your written authorization before using or disclosing your medical, billing or personal information.
- ❖ If you choose to authorize the use or disclosure of your medical, billing or personal information, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding your medical and billing information:

- ❖ In most cases, patients have the right to look at or obtain a copy of their medical and billing information contained in the designated record set used to make decisions about their care.
- ❖ You may request this information in a printed format or if the information is maintained electronically you may request an electronic copy of the information.
- ❖ There may be a fee charged for the cost of supplies and labor for creating the paper or electronic copy.
- ❖ If you believe that information in your designated record set is incorrect or that information is missing, you have the right to request that we correct the records. Your request must be submitted in writing and include the reason you are requesting the change. We can deny your request to change a record if the information you are requesting to be changed was:
 - not created by us,
 - is not part of the medical or billing information maintained by us, or
 - if we determine that the record is accurate.
- ❖ You may appeal, in writing, a decision by us not to amend a record.
- ❖ You have the right to a list of those instances when we have disclosed medical, billing and personal information about you, for reasons other than treatment, payment or healthcare operations or without your authorization. Your written request must identify a time period, which must be less than a six (6) year time period and after April 14, 2006. You may receive the list in a printed format or, if available, in an electronic format. There may be a cost associated with your request. You will be informed of the cost before any charges are incurred.



- ❖ If you initially received the Notice electronically, you have the right to a paper copy.
- ❖ You have the right to request that your medical and billing information be communicated to you in a confident manner, such as sending mail to an address other than your home. You must notify us in writing of the specific manner or location for us to use to communicate with you.
- ❖ You may request, in writing, that we not use or disclose your medical, billing or personal information for treatment, payment or healthcare operations to persons involved in your care except when specifically authorized by you, or when required by law, or in an emergency. We will consider your request but we are not legally required to honor the request.
- ❖ You may pay for a service out of pocket in full and request that the encounter not be disclosed to your insurer.

Complaints:

- ❖ If you are concerned that your privacy rights may have been violated or if you disagree with a decision made about access to your records, you may:
 - contact the Director of Imaging listed in this Notice;
 - file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights (OCR) at <http://www.hhs.gov/ocr/privacy/hipaa/complains/index.html>.
- ❖ If you need help filing a complaint or have a question about the complaint or consent forms, you may e-mail OCR at OCRAMail@hhs.gov or request the help from the Privacy Office listed in this Notice.

Director of Imaging Contact Information

Director of Imaging
1640 Hospital Drive
Santa Fe, NM 87505
(505) 955-8702

E-mail: DirectorofImaging@santafeimaging.com