

NOTICE OF PRIVACY PRACTICES

Effective Date: 03.26.13

THIS SUMMARY 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 this notice, please contact the Privacy Officer at (850) 476-1161, 5120 Bayou Blvd., Ste 9, Pensacola, FL 32503.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Angel Williamson Imaging Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our Practice. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices concerning medical information about you.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

- ☒ **FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, nursing and medical students, or hospital personnel who are involved in taking care of you.
- ☒ **FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive at Angel Williamson Imaging Center, may be billed for and payment may be collected from you or on your behalf from an insurance company or a third party.
- ☒ **FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information about you for our Angel Williamson Imaging Center operations. These uses and disclosures are necessary to run our organization and make sure that all of our patients receive quality care.
- ☒ **APPOINTMENT REMINDERS:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Angel Williamson Imaging Center.
- ☒ **TREATMENT ALTERNATIVES:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ☒ **HEALTH RELATED BENEFITS AND SERVICES:** We may use and disclose medical information to inform you about health-related benefits or services that may be of interest to you.
- ☒ **INDIVIDUALS INVOLVED IN YOUR 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. We may also tell your family or friends your condition and that you have been seen in our office. In addition, we may disclose medical information about you to a friend or family member should an emergent situation arise while you are at our office.
- ☒ **RESEARCH:** Under certain circumstances, we may use and disclose medical information about you for research purposes.
- ☒ **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 able to help prevent the threat.
- ☒ **FUNDRAISING ACTIVITIES:** We may use your information to contact you in an effort to raise money for Angel Williamson Imaging Center and its operations. If you do not want us to contact you for fundraising efforts, you must notify the Administrator at 5120 Bayou Blvd., Ste 9, Pensacola, FL 32503 and state that you do not want to receive further fundraising communications.

- ☒ **FOR ALL OTHER USES AND DISCLOSURES:** All other uses and disclosures of information not contained in this Notice of privacy Practices will not be disclosed without your authorization.

SPECIAL SITUATIONS:

- ☒ **ORGAN AND TISSUE DONATION:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ☒ **MILITARY AND VETERANS:** 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 for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ☒ **PUBLIC HEALTH RISKS.** We may disclose medical information about you for public health activities.
- ☒ **HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law.
- ☒ **LAWSUITS AND DISPUTES:** 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.
- ☒ **LAW ENFORCEMENT:** We may release medical information if asked to do so by a law enforcement official.
- ☒ **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release medical information to a coroner or medical examiner.
- ☒ **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ☒ **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- ☒ **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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

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

- ☒ **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.
- ☒ **RIGHT TO AMEND:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record.
- ☒ **RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an "accounting of disclosures."
- ☒ **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.
- ☒ **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- ☒ **RIGHT TO RESTRICT RELEASE OF INFORMATION FOR CERTAIN SERVICES:** You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out of pocket basis.
- ☒ **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice.
- ☒ **RIGHT TO BREACH NOTIFICATION:** You have the right to be notified of any breach of your unsecured healthcare information.

CHANGES TO THIS NOTICE

- ☒ We reserve the right to change this notice.

COMPLAINTS

- ☒ If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with Angel Williamson Imaging Center, please write to the *Privacy Officer at Angel Williamson Imaging Center, 5120 Bayou Blvd., Ste 9, Pensacola, FL 32503*. All complaints must be submitted in writing.
YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.08.14.13cw rev: 01.17.14cw Revised:6.15.15