



# NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

We are legally required to protect the privacy and security of your protected health information (PHI). We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. We must provide you with this notice, which explains our practices of how, why and when we use and disclose your PHI, and we must follow the practices described in this notice. However, we reserve the right to change the terms of this notice at any time. Any changes will apply to the PHI we already have. We will post a summary of the most current notice in a prominent location in our office(s) and on our website. Upon request, we will provide you with a copy of the revised notice.

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## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Request a copy of this notice

You have the right to receive a paper or electronic copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit, or by calling and asking us to mail or email a copy to you, or on our website: [www.esmil.com](http://www.esmil.com). See *additional contact information on the next page*.

### Choose someone to act on your behalf

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.

We will make sure the person has this authority and can act for you before we take any action.

### Get a copy of your paper or electronic medical record

You have the right to inspect and obtain a copy of your PHI that we maintain in our designated record set, for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. You must submit your request in writing and we will usually respond within 30 days. Our mailing address is on the next page. You can also bring your written request to any of our locations. We may charge you a reasonable fee for fulfilling your request.

You may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to review our denial.

### Correct information within your medical record

Ask us to change or correct information about you. You have the right to request that we amend your PHI that you think is wrong or missing. You must make this request in writing and state the reason for the amendment. We will respond within 60 days of receiving your request.

We may say no if the request is not in writing or does not state the reason for the amendment. We may also deny your request if the information was not created by us, unless you provide reasonable information that the person who created it is no longer available to make the amendment; is not part of the record which you are permitted to inspect and copy; the information is not part of our designated record; or is accurate and complete, in our opinion.

### **Ask us to limit the information we share**

You have the right to request a restriction or limitation of how we use or disclose your PHI for treatment, payment, or health care operations; to persons involved in your care; or for notification purposes as set forth in this notice. Although we are not required to say yes, if we do agree, we will comply with your request unless the information is needed for emergency treatment. You may not restrict or limit the uses and disclosures that we are legally required or allowed to make.

You have the right to request that we do not bill your health plan for items or services that you pay for, in full, at the time of service, unless the disclosure is required by law.

### **Get a list of whom we've shared your information with**

You have the right to request a list of our disclosures of your PHI, except for disclosures for treatment, payment, or health care operations; to you; incident to a use or disclosure set forth in this notice; to persons involved in your care; pursuant to your written authorization; for notification purposes; for national security or intelligence purposes; to correctional institutions or law enforcement officials; as part of a limited data set; that occurred before April 14, 2003 or six years from the date of the request. Your request must be in writing and must state the time period for the requested information.

Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

### **Ask us to contact you in a different way**

You have the right to request alternative means of communication or receipt of PHI to preserve your privacy. We will accommodate all reasonable requests and will not require you to explain or provide a basis for the request. You may be billed SMIL's actual costs of accommodating your request. We will deny any requests that will prevent SMIL from submitting claims to your health plan without you providing another method of paying for services provided by SMIL.

### **File a complaint if you think your rights have been violated**

You have the right to file a written complaint with us or with the Secretary of the Department of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

#### **For More Information:**

**If you have questions or would like additional information, you may contact us by calling our HIPAA Compliance Hotline: (602) 521-6216**

#### **Or write to us at:**

**Southwest Medical Imaging  
Attn: Compliance Dept.  
9700 N. 91<sup>st</sup> Street, Suite C200  
Scottsdale, AZ 85258**

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## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **Share PHI with other people involved in your care**

We may use and disclose to a family member, a close friend, or any other person you identify, your PHI that is directly relevant to the person's involvement in your care or payment related to your care, unless you object to such disclosure. If you are unable to agree or object to a disclosure, we may disclose the information as necessary if we determine that it is in your best interest based on our professional judgment.

## **Disaster Relief**

We may use and disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

## **Organized Health Care Arrangements (OHCAs)**

We may disclose your PHI to another participant in an OHCA that we participate in, for treatment, payment or the health care operations of the OHCA. There are multiple types of OHCAs and participants may include hospitals, physicians and physician practices who share data to improve the quality of care given to their patient populations.

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# **Our Uses and Disclosures**

**We have some right and responsibilities too.** We typically use or share your health information in the following ways:

## **To treat you and run our business**

We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We may use or disclose PHI to health care providers who may be treating you or are involved in your health care. We may use and disclose your PHI to health care clearinghouses or health plans to support our business activities. Finally we may also disclose your PHI or a limited data set containing your PHI to third parties who perform certain activities for us (for example, billing or collections services).

## **Billing for your services**

We may use and disclose your PHI to obtain payment for the health care services we provide you or to determine whether we may obtain payment for services we recommend for you. We may also disclose your PHI to another health care provider, health care clearinghouse or health plan for their payment activities. For example, our bill to your insurance company may have information that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

## **Public health, safety and wellness**

We may disclose your PHI for public health activities to a public health authority that is permitted by law to collect or receive the information. Disclosures will be made for purposes of controlling disease, injury or disability. If directed by the public health authority, we may disclose your PHI to a foreign government agency that is collaborating with the public health authority.

Consistent with applicable laws, if we believe using and disclosing your PHI is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; we may use and disclose your PHI. We may also disclose your PHI if it is necessary for law enforcement to identify or apprehend an individual.

If authorized by law, we may disclose your PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a communicable disease.

## **Research**

We may use and disclose your PHI for internal research projects. Generally, such research projects must have been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

## **Complying with the law**

We may use and disclose your PHI to the extent the use or disclosure is required by law. If required by law, you will be notified of any such uses or disclosures.

## **Reporting abuse or neglect**

We may disclose your PHI to a public health authority that is authorized by law to receive reports of child or adult abuse or neglect. If we believe you are a victim of abuse, neglect or domestic violence, we also may

disclose your PHI to the governmental agency that is authorized to receive this information. All disclosures will be consistent with the requirements of the applicable laws.

### **Legal matters and law enforcement**

We may disclose your PHI in the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal; to the extent the disclosure is expressly authorized; or, if certain conditions have been satisfied, in response to a subpoena, discovery request or other lawful process.

If certain legal requirements are met, we may disclose your PHI to a law enforcement official for law enforcement purposes, including legal processes; identification and location of suspects, fugitives, material witnesses or missing persons; information regarding victims of a crime; suspicion that death has occurred as a result of criminal conduct; evidence of criminal conduct occurring on our premises; and, in a medical emergency, reporting criminal conduct not on our premises.

### **National Security and military activities**

When the appropriate conditions apply, we may use or disclose your PHI: (1) for activities deemed necessary by appropriate military command authorities; (2) for determining your eligibility for benefits by the Department of Veterans Affairs; or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

### **Workers' compensation**

We may use and disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

### **Governmental organizations**

As required by law, we may disclose your PHI to the Department of Health and Human Services to determine our compliance with applicable laws.

We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance.

### **Inmates**

We may use and disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

### **Obtaining your written authorization**

Certain uses and disclosures of your PHI require us to obtain your prior written authorization, including: certain uses and disclosures of PHI that constitutes psychotherapy notes; uses and disclosures for marketing purposes; and disclosures of your PHI in exchange for remuneration. Otherwise, except as stated in this notice, we will not use or disclose your PHI without your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have used or disclosed your information.