



Privacy Statement

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

We respect the privacy and confidentiality of your protected health information, and are sincere in our efforts to ensure the confidentiality of your information. We are also required by law to maintain the privacy of your health information. We are required to give you this Notice about our privacy practices, legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity, and similar types of health-related information.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our policy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, we may send a report and/or copy of your films to the physician who orders a

study.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example, your health plan may require us to obtain prior approval so that your plan will pay for your study.

Healthcare Operations: We may use and disclose your health information in order to run the office and make sure that you and our other patients receive quality care. For example, we may use health information about our patients to help us decide whether certain new treatments are effective. We may disclose health information to your health plan to help them provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

Required by Law: We may use or disclose your health information when we are required to do so by law.

There are also state and federal guidelines and laws that allow or require us to release your health information to others. We may provide information to others for the following reasons:

We may report health information on job-related injuries as required by state worker's compensation laws.

We may report health information to public health agencies if we believe there is a serious health or safety threat.

We may have to give information to law enforcement agencies. For example, we are required to report when we believe there has been child abuse, neglect or domestic violence.

We may be required by a court or administrative agency to provide information because of a search warrant, subpoena, summons or similar process, subject to all applicable legal requirements.

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes, when required by state and federal agencies to monitor the health care system, government programs, and legal compliance.

We may release health information to a coroner or medical examiner.

We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security or military activities. We may disclose health information to correctional institution or law enforcement officials having lawful custody of inmates or patients.

To Your Family and Friends or Other Persons Involved in Your Care: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We may use or disclose health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information using our professional judgment disclosing health information that is directly relevant to the person's involvement in your care. We will use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up x-rays, films or other similar forms of health information.

Marketing/Research: We will not use your health information for marketing communications without your written authorization. We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask for your permission if the researcher will have access to your name, address or other information that identifies you, or will be involved in your care.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to our office manager in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee

for the costs of copying, mailing or other associated supplies.

We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to, health information that we keep about you, you may ask that our denial be reviewed. If the law gives you the right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed our health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). To request a restriction, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to our office manager.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. Your request must be submitted in writing to our office manager.

Right to Amend: If you believe health 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 as long as the information is kept by this office. Your request must be in writing and it must explain why the information should be amended.

We may deny your request for an amendment if your request 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; we did not create, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information that we keep, you would not be permitted to inspect and copy, or is accurate and complete.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you have the right to request a paper copy.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer:

David Ramos
CEO
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