

**MARINE PARK RADIOLOGY, PC**

**2270 KIMBALL STREET, SUITE 102 - BROOKLYN, NY 11234**

- **TREATMENT:** WE WILL DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO PROVIDE, COORDINATE, OR MANAGE YOUR HEALTHCARE AND ANY RELATED SERVICES. THIS INCLUDES THE COORDINATION OR MANAGEMENT OF YOUR HEALTHCARE WITH A THRID PARTY. FOR EXAMPLE, WE WOULD DISCLOSE YOUR PROTECTED HEALTH INFORMATION, AS NECESSARY INFORMATION TO DIAGNOSE OR TREAT YOU.
- **PAYMENT:** YOUR PROTECTED HEALTH INFORMATION WILL BE USED, AS NEEDED, TO OBTAIN PAYMENT FOR YOUR HEALTHCARE SERVICES. FOR EXAMPLE, OBTAINING APPROVAL FOR TESTING FROM YOUR INSURANCE COMPANY MAY REQUIRE THAT YOUR RELEVANT PROTECTED HEALTH INFORMATION BE DISCLOSED TO THE HEALTH PLAN TO OBTAIN THE APPROVAL FOR DIAGNOSTIC TESTING OR THERAPEUTIC RADIATION ONCOLOGY.
- **HEALTHCARE OPERATIONS:** WE MAY USE OR DISCLOSE, AS NEEDED, YOUR PROTECTED HEALTH INFORMATION IN ORDER TO SUPPORT THE BUSINESS ACTIVITIES OF OUR ORGANIZATION. THESE ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, QUALITY ASSESSMENT REVIEWS, EMPLOYEE REVIEW ACTIVITIES, TRAINING OF CLINICAL AND CLERICAL STAFF, LICENSING AND ACCREDITATION BOARDS, CONDUCTING OR ARRANGING FOR OTHER BUSINESS ACTIVITIES. IN ADDITION, WE MAY USE SIGN IN SHEETS AT THE REGISTRATION DESK WHERE YOU WILL BE ASKED TO SIGN YOUR NAME. WE MAY CALL YOU BY NAME IN THE WAITING ROOM WHEN THE PHYSICIAN OR TECHNICIAN IS READY TO SEE YOU. WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION, AS NECESSARY, TO CONTACT YOU TO REMIND YOU OF YOUR APPOINTMENT. WE MAY MAKE YOUR EXAM IMAGES AVAILABLE TO YOUR REFERRING PHYSICIAN VIA A SECURE, MEDIA-FREE WEB PORTAL.
- WHEN RELEASE IS REQUIRED BY LAW, INCLUDING IN JUDICIAL SETTINGS, HEALTH OVERSIGHT REGULATORY AGENCIES, PUBLIC HEALTH ISSUES AS REQUIRED BY LAW, COMMUNICABLE DISEASES, ABUSE, NEGLECT, FDA, MEDICAL EXAMINERS, FUNERAL DIRECTORS, ORGAN AND TISSUE DONATION ORGANIZATIONS, LEGAL PROCEEDINGS, CRIMINAL ACTIVITY, MILITARY ACTIVITY, NATIONAL SECURITY, WORKERS COMPENSATION, NO FAULT. UNDER THE LAW, WE MUST TAKE DISCLOSURES TO YOU AND WHEN REQUIRED BY THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO INVESTIGATE OR DETERMINE OUR COMPLIANCE WITH THE REQUIREMENTS OF THE FEDERAL PRIVACY REGULATION AND LAW ENFORCEMENT.
- IN EMERGENCY SITUATIONS OR TO AVERT SERIOUS HEALTH/SAFETY SITUATIONS.
- TO YOUR HEALTH PLAN
- UNLESS REQUIRED BY LAW, OTHER USES AND DISCLOSURES WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION, WHICH YOU MAY REVOKE AT ANY TIME, IN WRITING, EXCEPT TO THE EXTENT THAT WE HAVE ACTED IN RELIANCE ON YOUR PERMISSION.

**YOUR RIGHTS: YOU HAVE THE FOLLOWING RIGHTS CONCERNING YOUR PHI:**

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION. UNDER FEDERAL LAW, HOWEVER, YOU MAY NOT INSPECT OR COPY THE FOLLOWING RECORDS; PSYCHOTHERAPY NOTES, INFORMATION COMPILED IN REASONABLE ANTICIPATION OF, OR USE IN A CIVIL, CRIMINAL OR ADMINISTRATIVE ACTION OR PROCEEDING, AND PROTECTED HEALTH INFORMATION THAT IS SUBJECT TO LAW THAT PROHIBITS ACCESS TO PROTECTED HEALTH INFORMATION.

YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION. THIS MEANS YOU MAY ASK US NOT TO USE OR DISCLOSE ANY PART OF YOUR PROTECTED HEALTH INFORMATION FOR THE PURPOSES OF TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS. YOU MAY ALSO REQUEST THAT ANY PART OF YOUR PROTECTED HEALTH INFORMATION NOT BE DISCLOSED TO FAMILY MEMBERS OR FRIENDS WHO MAY BE INVOLVED IN YOUR CARE OR FOR NOTIFICATION PURPOSES AS DESCRIBED IN THE NOTICE OF PRIVACY PRACTICES. YOUR REQUEST MUST STATE THE SPECIFIC RESTRICTION AND TO WHOM YOU WANT THE RESTRICTION TO APPLY.

WE ARE NOT REQUIRED TO AGREE TO A RESTRICTION THAT YOU MAY REQUEST. IF WE BELIEVE IT IS IN YOUR BEST INTEREST TO PERMIT USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION, YOUR PROTECTED HEALTH INFORMATION WILL NOT BE RESTRICTED. YOU THEN HAVE THE RIGHT TO USE ANOTHER HEALTHCARE PROFESSIONAL.

YOU HAVE THE RIGHT TO REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION. YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE FROM US, UPON REQUEST, EVEN IF YOU HAVE AGREED TO ACCEPT THIS NOTICE ALTERNATIVELY, I.E. ELECTRONICALLY.

YOU MAY HAVE THE RIGHT TO HAVE YOUR PHYSICIAN AMEND YOUR PROTECTED HEALTH INFORMATION. IF WE DENY YOUR REQUEST FOR AMENDMENT, YOU HAVE THE RIGHT TO FILE A STATEMENT OF DISAGREEMENT WITH US AND WE MAY PREPARE A REBUTTAL TO YOUR STATEMENT AND WILL PROVIDE YOU WITH A COPY OF ANY SUCH REBUTTAL.

YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE HAVE MADE, IF ANY, OF YOUR PROTECTED HEALTH INFORMATION. WE RESERVE THE RIGHT TO CHANGE THE TERMS OF THIS NOTICE AND WILL INFORM YOU BY MAIL OF ANY CHANGES. YOU THEN HAVE THE RIGHT TO OBJECT OR WITHDRAW AS PROVIDED IN THIS NOTICE.

COMPLAINTS: TO REGISTER A COMPLAINT WITH US, CONTACT OUR OFFICE MANAGER, JACKIE JOHNSON , IN WRITING. 2270 KIMBALL STREET BROOKLYN, NY 11234. YOU MAY COMPLAIN TO US OR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES IF YOU FEEL YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED. THE CONTACT INFORMATION IS: OFFICE OF CIVIL RIGHTS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, JACOB JAVITS FEDERAL BUILDING, 26 FEDERAL PLAZA, SUITE 3312, NEW YORK, NY 10278 OR CALL 212-264-3313, FAX 212-264-3039, TDD 212-264-2355. YOU WILL NOT BE RETALIATED AGAINST FOR FILING A COMPLAINT.

OUR DUTIES: WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR PHI AND TO PROVIDE YOU WITH NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES. WE MUST ABIDE BY THE TERMS OF THIS NOTICE OR ANY UPDATES OF THIS NOTICE.

EFFECTIVE DATE: THIS NOTICE WAS PUBLISHED AND BECOMES EFFECTIVE ON/OR BEFORE APRIL 14, 2003.

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF MARINE PARK RADIOLOGY P.C. NOTICE OF PRIVACY PRACTICES WHICH DISCLOSES IN DETAIL MY RIGHTS AND MARINE PARK RADIOLOGYS LEGAL DUTIES WITH RESPECT TO USES AND DISCLOSURES OF MY PROTECTED HEALTH INFORMATION.

X \_\_\_\_\_  
PATIENT SIGNATURE DATE