



Notice of Privacy Practices

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 about this notice, please contact our Privacy Officer at our office

1619 NW Hawthorne Ave. Suite 102 Grants Pass, OR 97526

Who Will Follow This Notice:

This notice describes the information privacy practices followed by Mid Rogue Imaging Center which includes providers and all employees hereinafter referred to as “we”.

Your Health Information:

This notice applies to the information and pediatric records we have about your/your child’s health., health status and the health care service receive at this office. 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 statues, symptoms, examination, test results, diagnosis, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

How we may use and disclose health information about you:

We may use and disclose health information for the following purposes:

For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to providers, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. We may use your medical history or decide what treatment is best for you. We may also tell another provider about your condition so that the provider can help determine the most appropriate care for you. Different personnel in our office may share information about you and disclose information to people who do not work in our office to coordinate your care. We may call you at home to discuss your care and may leave messages for you to call the office. Family members and other health care providers may be part of your medical care outside this office and may require information about you.

For Payment: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or third party.

For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a service you are going to receive to obtain prior approval, or to determine whether your plan will cover the service.

For Health Care Operations: We may use and disclose health information about you to run the office and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, or how we can become more efficient.

We may also disclose your health information to health plans that provide you insurance coverage and other health care provider that care for you. Our disclosures of your health information to plans and other provider may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate, and manage health care and services, train staff and comply with the law.

Appointment Reminders: We may contact you as a reminder that you have an appointment for services at our office. A message may be left on your answering machine, voice mail, text, and email.

Special Situations

We may use or disclose health information about you for the following purposes subject to all applicable legal requirements and limitations.

To Avert a Serious Threat to Health or Safety: We may use and disclose health 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.

Require by Law: We will disclose health information about you when required to do so by federal, state, or local law.

Registries: We may use and disclose health information about you for those services that are subject to notifying a registry.

Military, Veterans, National Security, and Intelligence: If you are or were a member of the armed forces or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

Public Health Risks: We may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability; or report suspected abuse or neglect, non-accidental physical injuries, reactions or problems with products.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspection, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may disclose health information about you in response to a subpoena.

Law Enforcement: we may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process subject to all applicable legal requirements.

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

Family and Friends: We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgement that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you when receiving services. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency) we may use our professional judgement determine that a disclosure to you family member or friend is in your best interest. In that situation we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgement and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf.

We will not use or disclose your health information for any purpose other than those identified in the previous section without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain 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. You must submit a written request to the Privacy Officer, to inspect and/or copy records of your health information. If you request a copy of the information, we will charge a fee for the cost of copying and mailing the documents.

Right to Accounting of Disclosures: You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you for health care operations, and a limited number of special circumstances involving national security, correction institutions and law enforcement. The list will also exclude any disclosures we have made based on your written authorization. To obtain this list, you must submit your request, in writing, to the Privacy Officer. It must state the period of time, which may not be longer than six years and the format in which you want the list; for example, paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information. To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to the Privacy Officer.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communications to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact the Privacy Officer.

Changes to This Notice

We reserve the right to change this notice, and to make revised or changed notice effective for medical information we already have about you as well any information we receive in the future. We will post the current notice in the office with its effective date in the bottom left -hand corner. You are entitled to a copy of the notice currently in effect.

Complaints

If you believe your privacy right have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer at 1619 NW Hawthorne Ave. Suite 102 Grants Pass, OR 97526.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT