

DIAGNOSTIC IMAGING SOUTHERN NEVADA
3560 E. FLAMINGO RD.
LAS VEGAS, NV 89121

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. THIS NOTICE TAKES EFFECT ON APRIL 14, 2003 AND REMAINS IN EFFECT UNTIL WE REPLACE IT.

Before we make an important change in our privacy practices, we will change this Notice and make the new Notice available upon request.

Overview

At Diagnostic Imaging Southern Nevada ("DISN"), we understand that your medical information is personal and we are committed to protecting it. To provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive. The law requires us to maintain the privacy of your protected health information ("PHI") in accordance with this Notice of Privacy Practices ("Notice"). This Notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties that we have regarding the use and disclosure of medical information.

This Notice describes the practices of all health care professionals at DISN authorized to enter information into your medical record, as well as all other employees, staff and other personnel employed by or affiliated with DISN who may need access to your information.

Our Privacy Practices

Use and Disclosure. We may use or disclose your PHI for treatment, payment, or health care operations. For your convenience, we have provided the following examples of such potential uses or disclosures:

Treatment. Your PHI may be used to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health care services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive.

Payment. Your PHI may be used or disclosed in order to collect payment for the medical services provided to you. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of your treatment.

Health Care Operations. Your PHI may be used or disclosed as part of our internal health care operations. Such health care operations may include, among other things, quality of care audits of our staff and affiliates, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Authorizations. We will not use or disclose your medical information for any reason except those described in this Notice, unless you provide us with a written authorization to do so. We may request such an authorization to use or disclose your PHI for any purpose, but you are not required to give us such authorization as a condition of your treatment. You may revoke any written authorization in writing at any time, but such revocation will not affect any prior authorized uses or disclosures.

Patient Access. We will provide you with access to your PHI, as described below in the Individual Rights section of this Notice. With your permission, or in some emergencies, we may disclose your PHI to your family members, friends, or other people to aid in your treatment or the collection of payment. A disclosure of your PHI may also be made if we determine it is reasonably necessary or in your best interests for such purposes as allowing a person acting on your behalf to receive medical supplies, x-rays, etc.

Locating Responsible Parties. Your PHI may be disclosed in order to locate, identify or notify a family member, your personal representative, or other person responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you will be given the opportunity to consent to or to prohibit or restrict the extent of recipients of such disclosure. If we determine you are unable to provide such consent, we will limit the PHI disclosed to the minimum necessary.

Disasters. We may use or disclose your PHI to any public or private entity authorized by law or by its charter in disaster relief efforts.

Required by Law. We may use or disclose your medical information when we are required to do so by law. For example, your PHI may be released when required by privacy laws, work-related injuries or illness, public health laws, court or administrative orders, subpoenas, certain discovery requests, or other laws, regulations or legal processes. Under certain circumstances, we may make limited disclosures of your PHI directly to law enforcement officials or correctional institutions regarding an inmate, lawful detainee, suspect, fugitive, material witness, missing person, or a victim or suspected victim of abuse, neglect, domestic violence or other crimes. We may disclose your PHI to the extent reasonably necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose your PHI when necessary to assist law enforcement officials to capture a third party who has committed a crime against you or who has escaped from lawful custody.

Deceased Persons. After your death, we may disclose your PHI to a coroner, medical examiner, funeral director, or organ procurement organization in limited circumstances.

Research. Your PHI may also be used or disclosed for research purposes only in those limited circumstances not requiring your written authorization, such as those that have been approved by an institutional review board that has established procedures for ensuring the privacy of your PHI.

Military and National Security. We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. When required by law, we may disclose your PHI for intelligence, counterintelligence, or other national security activities.

Appointments. We may contact you to provide appointment reminders.

Your Individual Rights

Access and Copies. In most cases, you have the right to review or to purchase copies of your PHI by requesting access or copies in writing from our Privacy Officer. We may charge you for the cost of copies, in addition to any costs for mailing or other supplies.

Disclosure Accounting. You have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than those described above. For each 12-month period, you have the right to receive one free copy of an accounting of disclosure(s) that occurred after April 13, 2003, by requesting such in writing from our Privacy Officer. A reasonable fee may be charged for any additional requests.

Additional Restrictions. You have the right to request that we place additional restrictions on our use or disclosure of your PHI, but we are not required to honor such requests. To request restrictions, you must make your request in writing to our Privacy Officer. In your request you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply.

Alternate Communications. You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations. We will not ask you the reason for your request. We will accommodate reasonable requests. If complying with your request forces us to incur additional expense over our usual means of communication, we may ask that you reimburse us for those expenses.

Amendments to PHI. You have the right to request that we amend your PHI by submitting such a request in writing to our Privacy Officer. Your request must contain a detailed explanation for the amendment. We may deny your request but will provide you with a written explanation of the denial. You have the right to send us a statement of disagreement to which we may prepare and send a rebuttal to you.

Copy of Notice of Privacy Practices. You can receive a copy of this Notice at any time by requesting one in writing from our Privacy Officer

Our Obligations

We are required to:

- maintain the privacy of protected health information;
- provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- Abide by the terms of this Notice
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- obtain your written authorization to use or disclose your health information for reasons other than those listed in this Notice and permitted under law.

Complaints

If you believe we have violated your privacy rights, you may complain to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer. We support your right to protect the privacy of your medical 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.

Contacting Us

If you have any questions or complaints, please contact our Privacy Officer:
Steven J. Gleicher, Administrator
Diagnostic Imaging Southern Nevada
3560 E. Flamingo Road
Las Vegas, NV 89121