S A R A
Southern Arizona Radiology Associates

Southern Arizona Radiology Associates
520-335-6849 (ph) 520-459-2191 (f)
www.sararadiology.com

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.

We endeavor to take appropriate steps to attempt to safeguard any protected health information as defined by federal law ("PHI") about our patients that we receive. This Notice of Privacy Practices ("Notice") applies to all PHI maintained by Southern Arizona Radiology Associates (SARA) and our employees, independent contractors and medical staff who provide services at our location(s).

We are required by law to (i) maintain the privacy of PHI provided to us; (ii) provide notice to patients of our legal duties and privacy practices with respect to PHI; (iii) provide patients notice of a breach of unsecured PHI in accordance with federal law; and (iv) abide by the terms of our Notice currently in effect.

PHI WE MAY CREATE, RECEIVE AND MAINTAIN ABOUT YOU

In the ordinary course of receiving treatment and medical services from us, you will be providing us with PHI such as: your name, address, phone number, insurance plan and information relating to your medical history and condition. In addition, we may also gather medical information about you from other individuals, physicians or organizations such as your referring physician, your health plan, and close friends or family members. Some or all of this information may be considered PHI.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

Federal law requires that we provide adequate notice to our patients about how we will use and disclose PHI about them. The following describes the purposes for which we may use and disclose your PHI and provides some representative examples. Not every one of our uses or disclosures under these purpose categories is listed.

For Treatment Purposes. We will use and disclose PHI about you to furnish medical services to you in accordance with our policies and procedures. For example, we will use your medical history to assist in our performance of the interventional, therapeutic, or other diagnostic medical services ordered by your treating physician. We will also disclose, by courier, fax, mail, electronic medium and/or electronic medical records systems, the results of any medical services we provide you to your treating physician.

For Payment Purposes. We will use and disclose PHI about you to bill for our medical services and to collect payment from you and/or your insurance plan. For example, we may need to give your insurance plan information about your current medical condition and the medical services you are going to receive in order to obtain their prior approval or authorization, to determine whether the medical services ordered by your treating physician will be covered by your insurance plan or to receive payment for our services.

For Health Care Operations Purposes. We may use and disclose PHI about you for the general operation of our business and to evaluate the quality of care we provide. For example, accreditation organizations, auditors or other consultants, or members of our staff review our practice from time to time, evaluate our operations, and tell us how to improve our medical services or maintain compliance with customary medical standards. These individuals may need to review PHI about you to perform these services for us.

Other Permitted And Required Uses and Disclosure Purposes. The following are other reasons where the law permits or requires us to use and disclose PHI about you without your authorization or providing you the opportunity to agree or object. Our uses and disclosures of PHI for these purposes will be done in accordance with the requirements of applicable laws.

- We may use and disclose PHI when we are required to do so by international, federal, state, or local law and when permitted by law to do so without our authorization or providing you the opportunity to agree or object.
- We may use or disclose PHI in connection with public health purposes and activities authorized by applicable law. For example, we may disclose PHI to: (i) a public health authority authorized by law to collect or receive PHI for the purpose of preventing or controlling diseases, injuries or disabilities; (ii) a public health authority or other government authority authorized by law to receive reports of child abuse or neglect; (iii) a person or entity subject to the jurisdiction of the Food and Drug Administration ("FDA") regarding an FDA-regulated activity and relating to quality, safety or effectiveness of FDA-regulated products or activities, including to collect or report adverse events, product defects or problems, biological product deviations, to track FDA-regulated products, to enable product recalls, repairs or replacements, or lookbacks, or to conduct post marketing surveillance; (iv) a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition; (v) your employer who requested that we provide medical services to you for your employer to medically evaluate the workplace or to evaluate whether you have a work-related illness or injury; (vi) to government authority authorized by law to receive reports of abuse, neglect or domestic violence when we reasonably believe you have been a victim of abuse, neglect, or domestic abuse and we are authorized or required by law to disclose such information.
- We may disclose PHI in connection with certain health oversight activities of licensing and other agencies authorized by law. Health oversight activities include audits, investigations, inspections, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activities necessary for the oversight of (i) the health care system, (ii) governmental benefit programs for which PHI is relevant to determining beneficiary eligibility, (iii) entities subject to governmental regulatory programs for which PHI is necessary for determining compliance with program standards, or (iv) entities subject to civil rights laws for which PHI is necessary for determining compliance.
- We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, and in response to a subpoena, discovery or other lawful request when certain legal requirements are met.
- We may disclose PHI to law enforcement officials for law enforcement purposes when certain legal requirements are met, including: (i) when required by law to do so; (ii) to comply with a court order, subpoena, warrant, summons or similar legal process; (iii) in response to a request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; (vi) in limited circumstances in response to a request for information about a person who is or is suspected of being a victim of a crime; (v) to alert law enforcement of a death if there is a suspicion that death has occurred as a result of criminal conduct; (vi) in the event a crime occurs on our premises; and (vi) in response to a medical emergency to alert law enforcement about a crime.
- We may disclose PHI to a funeral director to perform his duties or to a coroner or medical examiner to identify a deceased person, determine the cause of death or perform other duties authorized by law.
- We also may use or disclose PHI to organ procurement organizations, transplant centers, and eye or tissue banks for the purposes of facilitating donations or transplantations.
- We may use or disclose PHI for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board has determined that appropriate approval to use and disclose your PHI has been obtained.

- We may use and disclose PHI consistent with applicable law and ethical conduct standards when we believe it is necessary to prevent or lessen a serious or imminent threat to the health and safety of you or others.
- If you are a member of the Armed Forces, we may use and disclose PHI about you as required by military command authorities. If you are a member of a foreign military, we also may use and disclose PHI about you to the appropriate foreign military authority.
- We may disclose PHI to authorized federal officials for conducting national security, intelligence and counterintelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state or to conduct certain federal investigations.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI about you to the correctional institution or to law enforcement officials to provide health care services to you and for certain other purposes authorized by law.
- We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.
- We may disclose PHI to individuals and businesses outside our practice in connection with operating our business who federal law describes as Business Associates. These Business Associates perform functions on our behalf or provide us services where their access to PHI is necessary for them to perform such functions and services. By federal law, our Business Associates are obligated to protect the privacy and confidentiality of PHI and are not permitted to use or disclose any PHI except as provided in our agreements with them.

Individuals Involved in Your Care or Payment for Your Care. We may disclose PHI about you to individuals (such as your spouse, other relatives, a close personal friend, or an aide who may be providing services to you) involved in your care or for the payment of your care or to assist in notifying such individuals where you are, your general medical condition or death if (i) you agree that we may; (ii) you do not object to our doing so; (iii) we reasonably believe you would not object; (iv) you are incapacitated or there is an emergency; or (v) you are deceased unless you previously indicated that you did not agree to our making this disclosure.

REQUIRED WRITTEN AUTHORIZATIONS FOR USES AND DISCLOSURES OF PHI

The following activities will only be done with your written authorization: (i) disclosures that are made in exchange for our receipt of remuneration which are considered a sale of PHI under applicable law; (ii) uses and disclosures of PHI for marketing purposes where your written authorization is required under applicable law; (iii) disclosures of PHI to your attorney; (iv) other uses and disclosures of PHI not described in this Notice; or (v) other uses and disclosures that are not required by any other law applicable to us. We reserve the right to also request that you provide written authorization for us to disclose your PHI even if applicable law may permit us to disclose PHI without your written authorization.

If you provide us with authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time by submitting a written revocation to our Privacy Officer. If you revoke your authorization, we will no longer use or disclose PHI about you for the purpose(s) you previously authorized. We, however, will be unable to take back any uses or disclosures already made based upon your original authorization.

YOUR RIGHTS

You have the right to ask that we restrict the ways in which we use and disclose your PHI for our treatment, payment or healthcare operation purposes, including disclosure to individuals involved in your care and in the payment of the services you receive. Unless federal law requires us to agree to your request, we are not obligated to agree to your request. Unless we are otherwise required by law to disclose PHI, we are required to agree to your written request to restrict the disclosure of PHI about you to your health insurance plan, if (i) the disclosure is for our payment or health care operations purposes; and (ii) the PHI pertains solely to services we have provided you that you or someone other than your health plan has paid for in full at the time of service. If we have agreed to your requested restriction, federal law permits us to terminate that agreed upon restriction for PHI we receive after we notify you of the termination.

You have the right to request that you receive confidential communications containing your PHI from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

You have the right upon written request, except under certain circumstances provided by law, to inspect and copy certain PHI about you that we maintain. You also have the right to obtain your PHI in a readily producible format, such as a CD, encrypted email or fax. You also have the right to request in writing that we transmit a copy of your PHI directly to another person or entity. We may charge you a reasonable fee for providing copies of your PHI in accordance with applicable law.

If you believe that your PHI in our records is incorrect or incomplete, you have the right to request in writing that we correct inaccurate or incomplete PHI that we maintain. You will also need to provide a written explanation regarding why you are making your request. Under certain circumstances, we may deny your request.

You have the right, on written request, to ask for a list of certain disclosures we have made of your PHI. We are not required to maintain a list of all disclosures of PHI about you that we make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to and will receive notifications of any breaches of your unsecured PHI in accordance with applicable law.

You have the right to receive a copy of this Notice of Privacy Practices in paper form. You may ask us for a copy at any time. This Notice is posted and also available on our website: www.svdrads.com. To exercise any of your rights described in this Notice or obtain more information regarding this Notice, please contact us in writing at: **Southern Arizona Radiology Associates, Privacy Officer, 155 Calle Portal, Suite 500, Sierra Vista, AZ 85635; Telephone (520) 335-6517; email Gsudbeck@sararadiology.com** . You need to be aware that most information transmitted over the Internet is not secure; thus, we do not recommend that PHI be sent email.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a complaint with our office and/or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. You may contact Grant Sudbeck Privacy Officer, Southern Arizona Radiology Associates, 155 Calle Portal, Suite 500, Sierra Vista, Arizona 85635; email: Gsudbeck@sararadiology.com; telephone number: (520) 335-6517. All complaints to us should be in writing. You will not be retaliated against for filing any complaints. You need to be aware that most information transmitted over the Internet is not secure; thus, we do not recommend that PHI be sent email.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this Notice at any time. We reserve the right to make any revised Notice effective for all PHI we maintain about you at the time of the revision as well as any PHI about you that we receive and maintain in the future. In the event there is a change in our privacy practices that appears in this Notice, the revised Notice will be posted at our locations and on our website. In addition, you may request a copy of the revised Notice at any time. If the change to this Notice is material, we will provide you a copy of the revised Notice. We are required to abide by the terms of the notice in effect. This Notice is effective February 29, 2016.