



EASTERN RADIOLOGICAL ASSOCIATES

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.

A. PURPOSE OF THIS NOTICE

Eastern Radiological Associates ("ERA") is committed to preserving the privacy of your health information. In fact, we are required by law to do so for any health information created or received by us. ERA is required to provide this Notice of Privacy Practices ("Notice") to you. The notice tells you how we can and cannot use and disclose the health information that you have given to us or that we have learned about you when you were a patient in our system. It also tells you about your rights and our legal duties concerning your health information.

For the rest of this Notice, "ERA," "we" and "us" will refer to all services, service areas and workers of ERA. When we use the words "your health information," we mean any information that you have given us about you and your health, as well as information that we have received while we have taken care of you (including health information provided to ERA by those outside of ERA).

B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS AT ERA.

1. Treatment Payment and Health Care Operations

The following section describes different ways that we use and disclose health information for treatment, payment and health care operations. For each of those categories, we explain what we mean and give one or more examples. Not every use or disclosure will be noted and there may be identical disclosures that are a byproduct of the listed uses and disclosures. The way we use and disclose health information will fall within one of the categories.

- a. **For Treatment.** We may use your health information to provide you with medical treatment or services. We may disclose your health information to staff physicians, post-graduate fellows, midwives or nurse practitioners, and other personnel involved in your health care. We also may disclose your health information to students and resident physicians who, as a part of their educational programs (and while supervised by physicians), are involved in your care. Treatment includes (a) activities performed by nurses, office staff, hospital staff, technicians and other types of health care professional providing care to you or coordinating or managing your care with third parties, (b) consultations with and between ERA providers and other health care providers, and (c) activities of non ERA providers or other providers covering an ERA practice by telephone or serving as the on-call provider. For example, a physician treating you for an infection may need to know if you have other health problems that could complicate your treatment. That provider may use your medical history to decide what treatment is best for you. They may also tell another provider about your condition so that he or she can decide on the best treatment for you.
- b. **For Payment.** We may use and disclose your health information so that we may bill and collect payment from you, an insurance company, or someone else for health care services you received from ERA. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery.
- c. **For Health Care Operations.** We may use and disclose your health information in order to run the necessary administrative, quality assurance and business functions at ERA. 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 patients to help us decide what additional services we should offer, how we can improve efficiency, or whether certain treatments are effective. Or we may give health information to doctors, nurses, or health profession students for review, analysis and other teaching and learning purposes.

2. Uses and Disclosures You Can Limit

- a. **Family and Friends.** Unless you notify us that you object, we may provide your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We may do this if you tell us to do so, or if you know we are sharing your health information with these people and you don't stop us from doing so. There may also be circumstances when we can assume, based on our professional judgment, that you would not object. For example, we may assume that you agree to our disclosure of your information to your spouse if your spouse comes with you into the exam room with you. Also, if you are not able to approve or object to disclosures, we may make disclosures to a particular individual (such as a family member or friend), that we feel are in your best interest and that relate to that person's involvement in your care. For example, we may tell someone who

comes with you to the emergency room that you suffered a heart attack and provide updates on your condition. We may also make similar professional judgments about your best interests that allow another person to pick up such things as filled prescriptions, medical supplies and X-rays.

C. OTHER PERMITTED USES AND DISCLOSURES OF HEALTH CARE INFORMATION.

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

1. **Required by law:** As required by federal, state or local law.
2. **Public Health Activities:** For public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, school immunizations under certain circumstances or problems with products.
3. **Victims of Abuse, Neglect or Domestic Violence:** To a government authority authorized by law to receive reports of abuse, neglect or domestic violence when we reasonably believe you are the victim of abuse, neglect or domestic violence and other criteria are met.
4. **Health Oversight Activities:** To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs and compliance with civil law rights.
5. **Lawsuits and Disputes:** In response to a subpoena, discovery request or a court or administrative order, if certain criteria are met.
6. **Law Enforcement:** To law enforcement official for law enforcement purposes as required by law. For identification and location purposes if requested, to respond to a request for information on an actual or suspected crime victim; to report a crime in an emergency, or to report a death if the death is suspected to be the result of criminal conduct.
7. **Coroners, Medical Examiners:** To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death.
8. **Organ and Tissue Donation:** To organizations that handle organ procurement, transplantation or to an organ donation bank.
9. **Research:** For research purposes under certain limited circumstances. Research projects are subject to a special approval process, if special approval is received.
10. **Serious Threat to Health or Safety; Disaster Relief:** To appropriate individual(s)/organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to notify your family members or persons responsible for you in a disaster relief effort.
11. **Military:** To appropriate domestic or foreign military authority to assure proper execution of a military mission, if required criteria are met.
12. **National Security; Intelligence Activities; Protective Service:** To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.
13. **Inmates:** To a correctional institution (if you are an Inmate) or a law enforcement official (if you are in that person's custody) as necessary (a) to provide you with healthcare; (b) to protect your or others' health and safety; or (c) for the safety and security of the correctional institution.
14. **Workers' Compensation:** As necessary to comply with laws relating to workers' compensation or similar work-related injury program.

D. WHEN WRITTEN AUTHORIZATION IS REQUIRED

Other than for the purposes identified above in Sections B and C, we will not use or disclose your health information for any purpose unless you give us your specific written authorization to do so. Special circumstances that require an authorization include most uses and disclosures of your psychotherapy notes, certain disclosures of your test results for the human immunodeficiency virus or HIV, uses and disclosures of your health information for marketing purposes that encourage you to purchase a product of service, and for sale of your health information with some exceptions. If you give authorization, you can withdraw this written authorization at any time. To withdraw your authorization, send a written revocation to, ERA PO Box 1196 Billings, MT 59101. If you revoke your authorization, we will no longer use or disclose your health information as allowed by your written authorization, except to the extent that we have already relied on your authorization.

E. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have certain rights regarding your health information which we list below. In each of these cases, if you want to exercise your rights, you must do so in writing to, ERA PO Box 1196 Billings, MT 59101.

1. **Right to Inspect and Copy.** With some exceptions, you have the right to inspect and get a copy of the health information that we use to make decisions about your care.
2. **Right to Amend.** You have the right to amend your health information maintained by ERA, or used by ERA to make decisions about you. We will require that you provide a reason for the request, and we may deny your request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create (unless the source of the information is no longer available to make the amendment); (b) is not part of the health information that we keep; (c) is of a type that you would not be permitted to inspect and copy; or (d) is already accurate and complete.
3. **Right to an Accounting of Disclosures.** You have the right to request a list and description of certain disclosures by ERA of your health information.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you (a) for treatment, payment, or health care operations, (b) to someone who is involved in your care or the payment for it, such as a family or friend, or (c) to a health plan for payment or healthcare operation purposes when the item or service for which ERA has been paid out of pocket in full by you or someone on your behalf (other than the health plan). For example, you could ask that we not use information about a surgery you had, a laboratory test ordered or a medical device prescribed for your care. Except for the request noted in 4(c) above, we are not required to agree to your request. Any time ERA agrees to such a restriction, it must be in writing and signed by the ERA Privacy Officer or his or her designee.
5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about healthcare matters in a certain way or at a certain place. ERA will accommodate reasonable requests. For example, you can ask that we only contact you only at work or by mail.
6. **Right to Paper Copy of This Notice.** You have the right to a paper copy of this Notice.

7. **Right to be Notified of Breach, You have the right to be notified if there is a breach - a compromise to the security or privacy of your health information – due to your health information being unsecured. ERA is required to notify you within 60 days of the discovery of the breach.**

F. REVISIONS TO THIS NOTICE

We have the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which the material change is reflected. ERA will provide you a copy of the revised Notice upon your request.

G. QUESTIONS OR COMPLAINTS

If you have any questions about this notice, please contact ERA (406) 237-5491. If you believe your privacy rights have been violated, you may file a complaint with ERA. To file a complaint, contact ERA at (406)237-5491. You will not be penalized for filing a complaint.

This notice tells you how we may use and share your health information about you. If you would like a copy of this Notice, please ask your healthcare provider.