

## Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

### YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get An Electronic Or Paper Copy Of Your Medical Record**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may require you to do this in writing.

We will provide a copy of your health information or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

We may deny your request for some of your health information. If we deny your request, we will inform you in writing why we denied it, how you may have the denial reviewed in certain instances, and how you may file a complaint regarding our decision.

#### **Ask Us To Amend Your Medical Record**

You can ask us to amend health information about you that you think is incorrect or incomplete. We may deny your request, but if we do, we'll tell you why in writing within 60 days.

#### **Request Confidential Communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will accommodate all reasonable requests.

#### **Ask Us To Limit What We Use Or Share**

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. We will tell you why in writing.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### **Get A List Of Those With Whom We've Shared Information**

You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get A Copy Of This Privacy Notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose Someone To Act For You**

We may disclose your information to a person named as your medical power of attorney or legal guardian. We will make sure the person has this authority and can act for you before we take any action.

#### **File A Complaint If You Feel Your Rights Are Violated**

To ask questions, express concerns or file a complaint, contact our Compliance & Privacy Officer at:

Phone: 720-493-3788 • Email: ComplianceHotline@riaco.com

You can file a complaint with the U.S. DHHS Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**We will not retaliate against you for filing a complaint.**

### HOW WE USE YOUR INFORMATION

How do we typically use or share your health information? We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

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## YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Remind you that you have an appointment or that your results are available.
- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation
- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- Sharing your health information through health information exchange (HIE). HIE organizations allow your health information to made available for treatment, payment and operations purposes to other health care providers.

*If you are not able to tell us your preference, for example if you are unconscious, we may share your information in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we never share your information unless you give us written permission:**

Marketing purposes or the sale of your information

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## ADDITIONAL USES AND DISCLOSURES

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

**For more information see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

- Research
- Respond to lawsuits and legal actions

**Comply with the law**

- Respond to organ and tissue donation requests
- Respond to lawsuits and legal actions

**Work with a medical examiner or funeral director**

- Address workers' compensation
- Respond to local government agencies

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## OUR RESPONSIBILITY TO YOU

We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here, unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time by notifying us in writing. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your health information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations:  
Medical Imaging of Colorado, LLC, (MIC), Radiology Imaging Associates, P.C. (RIA) and Invision Sally Jobe (ISJ) locations.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).