

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 of Privacy Practices is adopted to ensure that **SOUTHERN RADIOLOGY CONSULTANTS**, hereinafter referred to as “the Clinic”, fully complies with all federal and state privacy protection laws and regulations, in particular, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Protection of patient privacy is of utmost importance to the Clinic. The Clinic is required by law to maintain the privacy of protected health information and to provide its patients with a copy of its Notice of Privacy Practices outlining its legal duties and privacy practices with respect to protected health information. Violations of any of these provisions will result in disciplinary action, which may include termination of employment and possible referral for criminal prosecution.

This Notice of Privacy Practices shall become effective as of February 23, 2021, and shall remain in effect until it is amended.

You have a right to receive a paper copy of this Notice of Privacy Practices. If you have any questions or comments concerning this notice, you should contact the Privacy Officer, Southern Radiology Consultants, 7887 Picardy Avenue, Baton Rouge, Louisiana 70810 by mail or by telephone at 225-769-9337.

DEFINITIONS

For the purposes of this notice, the following defined terms shall have the following definitions.

- a. “**HHS**” shall mean the United States Department of Health and Human Services.
- b. “**Health Information**”, “**Protected Health Information**” or “**PHI**”, shall mean, certain Individually Identifiable Health Information, as defined in 45 C.F.R. § 164.501 of the privacy standards.

I. Information Collected

In the ordinary course of business, the Clinic may receive personal information such as:

- Patient’s name, address, and telephone number.
- Information relating to treatment, diagnosis or other medical information concerning a patient.
- Patient’s insurance information and coverage.

In addition, other information will be gathered about a patient and we will create a record of the care and/or services provided to the patient by the Clinic. Some of the information also may be provided to us by other individuals or organizations that are part of the patient’s “circle

of care”- such as referring physician, other doctors, the patient's health plan and family members, hospitals or other health care providers.

II. How The Clinic May Use or Disclose PHI

The Clinic collects or creates PHI and stores it. This is the patient's medical record. The medical record is the property of the Clinic, but the information in the medical record belongs to you. The Clinic protects the privacy of a patient's PHI. It is the policy of the Clinic that PHI may not be used or disclosed unless it meets one of the following conditions:

1. The use or disclosure is for treatment, payment or health care operations.
 - a. Treatment. The Clinic may disclose PHI to other health care providers in association with a patient's treatment.
 - b. Payment. The Clinic may disclose the minimum amount necessary of a patient's PHI in connection with payment activities, including disclosure to the patient's health insurance provider, Medicare, and Medicaid, or any other payor of health care claims in order to process the patient's health insurance claim.
 - c. Regular Health Care Operations. The Clinic may use or disclose the minimum amount necessary of the patient's PHI for certain administrative, financial, legal, and quality improvement activities of the Clinic in connection with running its business, including conducting or arranging for medical review or auditing service.
2. The Clinic may disclose PHI in accordance with written authorization from the patient. This authorization may be revoked by the patient providing the Clinic with a written revocation of the said authorization. Without the patient's authorization, the Clinic may not disclose the patient's psychotherapy notes. The Clinic may also not use or disclose a patient's PHI for the Clinic's own marketing without a signed authorization, and may not sell the patient's PHI.
3. The Clinic may disclose PHI to persons involved in the health care of the individual or for facility directory purposes if the patient who is the subject of the information does not object.
4. Notification and communication with family. The Clinic may disclose a patient's PHI to notify or assist in notifying a family member, the patient's personal representative or another person responsible for the patient's care about the patient's location, general condition, or in the event of the patient's death. If the patient is able and available to agree or object, the Clinic will give the patient the opportunity to object prior to making this notification. If the patient is unable or unavailable to agree or object, the Clinic's health professionals will use their best judgment in communication with the patient's family and others.
5. Voice Mail Message. It is the policy of the Clinic that a voice mail or answering machine messages may be left at a patient's home or another number the patient provides to the Clinic regarding appointments, billing or payment issues.

5. As Required by Law. It is the policy of the Clinic that the Clinic may use and disclose a patient's PHI as required by law. including the following.

a. Public health. The Clinic may disclose a patient's PHI to public health authorities for purposes related to preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

b. Health oversight activities. The Clinic may disclose a patient's PHI to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

c. Judicial and administrative proceedings. The Clinic may disclose a patient's PHI in the course of an administrative or judicial proceeding.

d. Law enforcement. The Clinic may disclose a patient's PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and/or for other law enforcement purposes.

e. Decedent information. The Clinic may disclose a patient's PHI to coroners, medical examiners, and funeral directors.

f. Organ donation. The Clinic may disclose a patient's PHI to organizations involved in procuring, banking or transplanting organs and tissues.

g. Research. The Clinic may disclose a patient's PHI to researchers conducting research that has been approved by an Institutional Review Board or privacy board in accordance with HIPAA regulatory requirements.

h. Public safety. The Clinic may disclose a patient's PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

k. Specialized government functions. The Clinic may disclose a patient's PHI for the military, national security and prisoner purposes.

l. Worker's compensation. The Clinic may disclose a patient's PHI as necessary to comply with worker's compensation laws.

6. Change of Ownership. In the event that the Clinic is sold or merges with another organization, a patient's PHI/record will become the property of the new owner.

III. Other Policies, Uses, and Disclosures

1. Notice of Privacy Practices. It is the policy of the Clinic that this Notice of Privacy Practices must be published and that all uses and disclosures of PHI are done in

accordance with the Clinic's privacy policies. The Clinic is required by law to abide by the terms of its Notice of Privacy Practices.

2. Deceased Individuals. It is the policy of the Clinic that privacy protections extend to information concerning deceased individuals.

3. Restriction Requests. It is the policy of the Clinic that serious consideration must be given to all requests for restrictions on uses and disclosures of PHI as published in this privacy policy. The patient has the right to request restrictions on certain uses and disclosures of his/her PHI. The patient may do so by completing the Clinic's form entitled "Restriction Request on Uses and Disclosures". If a particular restriction is agreed to, the Clinic is bound by that restriction. The Clinic is not required to agree to the restriction that a patient requested unless a patient pays for a specific health product or service out of pocket and the patient requests the Clinic not disclose his/her information pertaining solely to that specific product or service to his/her insurer. Such a request can also be made in writing by completing the Clinic's form entitled "Restriction on Self Pay Products or Services".

4. Minimum Necessary Disclosure. Except for disclosures to the person who is the subject of the information or for treatment purposes, it is the policy of the Clinic that it shall make reasonable efforts to limit disclosures to the minimum amount of information needed to accomplish the purpose of the disclosure. It is also the policy of the Clinic that all requests for PHI issued by the Clinic must be limited to the minimum amount of information needed to accomplish the purpose of the request.

5. Access to Information. It is the policy of the Clinic that a patient has the right to inspect and copy his/her PHI. It is the Clinic's policy that access to PHI must be granted to a patient when such access is requested. Such request shall be submitted in writing by completing the Clinic's request form entitled "Request for Access to Protected Health Information.". Costs associated with the copying of any PHI shall be in accordance with applicable state and federal law.

6. Personal Representative. It is the policy of the Clinic to treat a person who has authority under law to act on behalf of a patient, such as a parent with authority to act on behalf of a child, as a "personal representative" of the patient. A personal representative is treated as the patient for purposes of HIPAA and the Clinic's privacy policies.

7. Confidential Communications Channels. It is the policy of the Clinic that a patient has the right to receive his/her PHI through reasonable alternative means or at an alternative location. Confidential communication channels can be used within the reasonable capability of the Clinic, (i.e. do not call me at work, call me at home) as requested by the patient. Such request shall be made in writing by completing the Clinic's form entitled "Request for Confidential Communication Channels".

8. Amendment of Incomplete or Incorrect Protected Health Information. It is the policy of the Clinic a patient has a right to request that the Clinic amend his/her PHI that is incorrect or incomplete. The Clinic is not required to change a patient's PHI and will provide the patient with information about the Clinic's denial and how the patient can disagree with the

denial. A request to amend a patient's PHI shall be made in writing by completing the Clinic's form entitled "Request for Amendment of Protected Health Information".

9. Accounting of Disclosures. It is the policy of the Clinic that an accounting of disclosures of PHI made by the Clinic is given to a patient whenever such an accounting is requested in writing. The patient has a right to receive an accounting of disclosures of his/her PHI made by the Clinic. Such written request for an accounting shall be made by completing the Clinic's form entitled "Request for Accounting of Disclosures".

10. Breach Notification. It is the policy of the Clinic as required by law to maintain the privacy of a patient's PHI. If there is a breach (an inappropriate use or disclosure of the patient's PHI) that the law requires to be reported, the Clinic must notify the patient of said breach.

11. Complaints. It is the policy of the Clinic that all complaints by employees, patients, providers or other entities relating to PHI be investigated and resolved in a timely fashion. Complaints about this Notice of Privacy Practices or how the Clinic handles a patient's PHI should be directed to:

Privacy Officer
Southern Radiology Consultants
7887 Picardy Avenue
Baton Rouge, Louisiana 70809
Telephone No. 225-769-9337

If you are not satisfied with the manner in which this office handles a complaint, the patient may submit a formal complaint to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

12. Prohibited Activities. It is the policy of the Clinic that no employee may engage in any intimidating or retaliatory acts or actions against any person who files a complaint or otherwise exercises their rights under HIPAA regulations. It is also the policy of the Clinic that no disclosure of PHI will be withheld as a condition for payment for services from the patient or from an entity.

13. Responsibility. It is the policy of the Clinic that the responsibility for designing and implementing procedures related to this policy lies with the Privacy Officer.

14. Mitigation. It is the policy of the Clinic that the effects of any unauthorized use or disclosure of PHI be mitigated (to decrease the damage caused by the action) to the extent possible.

15. Business Associates. The Clinic may disclose PHI to an individual or entity who performs services for the Company that requires the creation, receipt, maintenance or transmission of PHI ("Business Associate"), such as a third-party billing company hired by the Clinic to process claims. It is the policy of the Clinic that Business Associates must be contractually bound to protect a patient's PHI to the same degree as set forth in this policy.

16. Preemption of State Law. It is the policy of the Clinic that the federal privacy regulations are the minimum standard to be used regarding the privacy of a patient's PHI. If the laws of the State of Louisiana are more stringent in certain areas, the state laws in these areas shall prevail. In all other areas, federal privacy regulations shall prevail.

17. Cooperation with Privacy Oversight Authorities. It is the policy of the Clinic that oversight agencies such as the Office for Civil Rights of the U.S. Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of PHI within this organization. It is also the policy of the Clinic that all personnel cooperate fully with all privacy compliance reviews and investigations.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Officer of the Clinic.

IV. Changes to this Notice of Privacy Practices

The Clinic reserves the right to amend this Notice of Privacy Practices at any time in the future and will provide a copy of such amendment to the patients upon his/her next visit. Until such amendment is made, the Clinic is required by law to comply with this notice.