



## 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**

Radia, Inc. P.S. and its subsidiaries respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information related to these services. With your consent, federal and state laws allow us to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

### **Example of use and Disclosures for Treatment, Payment and Health Operation**

**For Treatment.** We may use medical information obtained from you or the physician to provide you with medical treatment or diagnostic services. We provide information about your test results to your physician. We may also provide information to other physicians involved in your care.

**For Payment.** We request payment from your health insurance plan. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

**For Health Care Operation.** We may use and disclose your information to conduct or arrange for services, including:

- Medical quality review by your health plan;
- Accounting, legal, risk management and insurance services;
- Audit functions, including fraud and abuse detection and compliance programs.
- Contact you to remind you about appointments, give you information about our services, examination instruction or other health-care related services.

### **Your Health Information Rights**

The health and billing records we create and store are the property of Radia, Inc. P.S. and its subsidiaries. The information in it, however, belongs to you. You have a right to:

- Read this notice before signing a consent that allows us to use and disclose your protected health information for treatment, payment, and health care operations;
- Ask us to restrict certain uses and disclosures of your health information. You must deliver this request in writing to our office. We are not required to grant the request. But, will comply with any request granted;
- Request and receive from us a paper copy of the Notice of Privacy Practices for Protected Health Information;
- Request that you be allowed to see and copy your health records and billing records. You must make this request in writing. We have a form available for this type of request.
- Appeal a denial of access to your protected health information except in certain circumstances;
- Ask that your health information be changed by giving a written request to our clinic. You may write a statement of disagreement if your request is denied. It will be filed in your film jacket/medical record, and included with any release of your records.

<http://compliance/Patient HIPAA topics and forums/Notice of Privacy Practices.doc>

- When you give us a written request, we will give you a list of disclosures of your health information as allowed by law. For example, this list will include uses and disclosures authorized by you. It will not include uses and disclosures for treatment, payment, or health care operations.
- Cancel prior authorization to use or disclose health information by giving us a written revocation. Your revocation does not effect information that has already been released. It also does not effect any action taken before we have it.

For help with these rights during normal business hours, please contact:

Manager, Business Services  
425-297-6200  
728 134<sup>th</sup> Street SW, Suite 120  
Everett, WA 98204-7332

### **Our Responsibilities**

We are required to:

- Keep your health information private;
- Give you this notice upon your request;
- Follow the terms of this Notice;

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this notice by calling and asking for it or by visiting our office to pick one up. For your benefit, this notice is on the website at this address: [www.Radiax.com](http://www.Radiax.com).

### **To Ask for Help or Complain**

If you have any questions, want more information, or want to report a problem about the handling of your information or if you believe your privacy rights have been violated, you may contact :

Compliance & Privacy Manager  
(425) 297-6200

You may also file a complaint with the Secretary of Health and Human Services. We respect your right to file a complaint with us or with the Secretary of Health and Human Services. If you choose to take this action, we will not retaliate against you.

### **Other Disclosures and Uses**

- Unless you object, we may release health information about you to an immediate family member who is involved in your medical care. We may also give information to someone who helps pay for your care.
- To comply with workers' compensation laws. (If you make a workers' compensation claim)
- For Public Health and Safety purposes as allowed or required by law.
  - To public health or legal authorities charged with protecting public health and safety.
  - To prevent or lessen a serious, immediate threat to the health or safety of a person or the public.
  - To public health or legal authorities to prevent or control disease injury, disability
- To reports suspected Abuse or Neglect to public authorities.
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For Law Enforcement purposes such as when we receive a court order.

**Other Uses and disclosures not described in this Notice will be made only as allowed by law or with your written authorization**

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