

NOTICE OF PRIVACY PRACTICES

Stand-Up MRI of Arizona

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 are required by law to maintain the privacy and security of your protected health information (PHI). We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. We must provide you with this notice which explains our legal duties and privacy practices with respect to your PHI, and we must abide by the terms set forth in this notice. However, we reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI we maintain. We will post any revised notice in a prominent location in our office and on our website and, upon request, we will provide you with a copy of the revised notice.

Uses and Disclosures of Your PHI:

Treatment. We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We may also disclose your PHI to other health care providers who may be treating you or involved in your health care. For example – we may disclose your PHI to another physician who is treating you.

Payment. We may use and disclose your PHI to obtain payment for the health care services we provide you or to determine whether we may obtain payment for services we recommend for you. We may also disclose your PHI to another health care provider, health care clearinghouse or health plan for their payment activities. For example – we may include with a bill to a third-party payer information that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

Business Activities. We may use and disclose your PHI to support our business activities. For example – we may use your PHI to review and evaluate our treatment and services or evaluate our staff's performance while caring for you. We may disclose your PHI to another health care provider, health care clearinghouse, health plan, or "organized health care arrangement" we participate in, for certain business activities. We may also disclose your PHI to third parties who perform certain activities for us (e.g., billing services). Finally, we may disclose to certain third parties a limited data set containing your PHI for certain business activities.

Persons Involved in Your Care. We may use and disclose to a family member, a close friend or any other person you identify, your PHI that is directly relevant to the person's involvement in your care or payment related to your care, unless you object to a disclosure, we may disclose the information as necessary if we determine that it is in your best interest based on our professional judgment.

Notification. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location, general condition, or death.

Disaster Relief. We may use and disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Research. We may use and disclose your PHI for research projects – e.g., for a project studying the effectiveness of a treatment. Generally, such research projects must have been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

As Required by Law. We may use and disclose your PHI to the extent the use or disclosure is required by law. If required by law, you will be notified of any such uses or disclosures.

Public Health. We may disclose your PHI for public health activities to a public health authority that is permitted by law to collect or receive the information. Disclosures will be made for purposes of controlling disease, injury or disability. If directed by the public health authority, we may disclose your PHI to a foreign government agency that is collaborating with the public health authority.

Abuse or Neglect. We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. If we believe you are a victim of abuse, neglect, or domestic violence, we also may disclose your PHI to the governmental agency that is authorized to receive this information. All disclosures will be consistent with the requirements of the applicable laws.

Communicable Diseases. If authorized by law, we may disclose your PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a communicable disease.

Legal Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal; to the extent the disclosure is expressly authorized; or, if certain conditions have been satisfied, in response to a subpoena, discovery request or other lawful process.

Law Enforcement. If certain legal requirements are met, we may disclose your PHI to a law enforcement official for law enforcement purposes, including legal processes; identification and location of suspects, fugitives, material witnesses, or missing persons; information regarding victims of a crime; suspicion that death has occurred as a result of criminal conduct; evidence of criminal conduct occurring on our premises; and, in a medical emergency, reporting criminal conduct not on our premises.

Coroners, Funeral Directors, and Organ Donation. We may disclose your PHI to a coroner or medical examiner for the identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your PHI to a funeral director, as authorized by law in order to permit the funeral director to carry out their duties or in reasonable anticipation of death. Finally, we may use or disclose your PHI for facilitating organ, eye or tissue donation and transplantation.

To Avert a Serious Threat to Public Health or Safety. Consistent with applicable laws, if we believe using and disclosing your PHI is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, we may use and disclose your PHI. We may also disclose your PHI if it is necessary for law enforcement to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply, we may use or disclose your PHI: (1) for activities deemed necessary by appropriate military command authorities; (2) for determining your eligibility for benefits by the Department of Veterans Affairs; or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation. We may use and disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Department of Health and Human Services. As required by law, we may disclose your PHI to the Department of Health and Human Services to determine our compliance with applicable laws.

Food and Drug Administration. We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance.

Inmates. We may use and disclose your PHI if you are an inmate of a correctional facility, and we created or received your PHI in the course of providing care to you.

Fundraising. We may contact you for fundraising efforts, but you can tell us not to contact you again for fundraising.

Other Uses & Disclosures – Written Authorization. Certain uses and disclosures of your PHI require us to obtain your prior written authorization, including: certain uses and disclosures of PHI that constitute psychotherapy notes; uses and disclosures of your PHI in exchange for remuneration. Otherwise, except as stated in this notice we will not use or disclose your PHI without your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have used or disclosed your information in reliance on the authorization.

Your Health Information Rights:

Copy of This Notice. You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

Personal Representative. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your right and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action in response to the person's orders.

Inspect and Copy. You have the right to inspect and receive an electronic or paper copy of the PHI that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. You may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to view our denial.

If you wish to inspect or copy your medical information, you must submit a request in writing to the attention of our privacy officer at the practice's address set forth in this Notice. We may charge you a reasonable, cost-based fee for fulfilling your request. You may mail your request or bring it into our office. Usually, we will respond to your request for information within 30 days of receiving the request.

Request Amendment. You have the right to request that we amend your PHI. You must make this request in writing to our privacy officer. The request must state the reason for the amendment.

We may deny your request if it is not in writing or does not state the reason for the amendment. We may also deny your request if the information that the person who created it is no longer available to make the amendment; is not part of the record which you are permitted to inspect or copy; the information is not part of our designated record; or is accurate and complete, in our opinion.

Request Restrictions. You have the right to request a restriction or limitation of how we use or disclose your PHI for treatment, payment, or health care operations; to persons involved in your care; or for notification purposes as set forth in this notice. Although we are not required to agree to your requested restriction, if we do agree, we will comply with your request unless the information is needed for emergency treatment.

If you pay in full for an item or service out-of-pocket, you can request that we not share information about the item or service for the purposes of payment in our operations with your health insurer. We will agree to such requests unless the law requires us to share the information. Please contact our privacy officer as set forth in this notice to request a restriction.

Accounting and Disclosures. You have the right to request a list of our disclosures of your PHI, except for disclosures for treatment, payment, or health care operations; to you; incident to a use or disclosure set forth in this notice; to persons involved in your care; pursuant to your written authorization; for notification purposes; for national security or intelligence purposes; to correctional institutions or law enforcement officials, as part of a limited data set; that occurred before April 14, 2003 or six years from the date of the request. Your request must be in writing and must state the period for the requested information. Your first request for a list of disclosures within a 12-month period for the requested information.

Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12 months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications. You have the right to request how we communicate with you to preserve your privacy. We may condition the accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. You must submit your request in writing to our privacy officer. The request must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a Complaint. You have the right to file a complaint with our privacy officer or with the Secretary of the Department of Health and Human Services if you believe we have violated your privacy rights. Complaints to our administrator must be in writing. We will not retaliate against you for filing a complaint.

In Case of Breach: Stand-Up MRI of Arizona will notify individuals of a breach of their “unsecured” PHI.

For More Information:

If you have any questions or would like additional information, you may contact our privacy officer by telephone at 623-815-8500 or by written correspondence:

Stand-Up MRI of Arizona
8581 W. Kelton Lane Suite 202
Peoria, AZ 85382

Effective Date: July 31st, 2024