

**MEDICAL IMAGING OF LEHIGH VALLEY, P.C.**  
**NOTICE OF PRIVACY PRACTICES**  
**Effective September 23, 2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW TO OBTAIN ACCESS TO THIS INFORMATION. PLEASE  
READ IT CAREFULLY.**

If you have any questions regarding this notice, you may contact our Privacy Officer at:

Name: James Newcomb, M.D.  
Address: Medical Imaging of Lehigh Valley, P.C.  
1255 S. Cedar Crest Blvd., Suite 3600, Allentown, PA 18103  
Telephone: 610-770-1606  
Fax: 610-740-0560

## **I. YOUR PROTECTED HEALTH INFORMATION**

Medical Imaging of Lehigh Valley, P.C. (MILV) is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect and to notify affected individuals following a breach of unsecured protected health information. We know this notice is long, but the federal privacy rule requires us to address many specific issues in this notice.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

## **II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

### **A. Treatment, payment and health care operation**

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operation purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

#### **1. Treatment**

We may use and disclose your protected health information for treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- When you receive services from our practice, physicians and other staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician to whom you have been referred for care.
- We may share and discuss your medical information with an outside physician with whom we are consulting regarding you, including but not limited to sending a report about your care to such physician so that he/she may treat you.
- We may share and discuss your medical information with any other provider or health care facility where you have been referred for testing.
- We may share and discuss your medical information with any health care provider to whom you have been referred for health care services and products.
- We may share and discuss your medical information with a hospital or other health care provider where you are admitted or being treated.
- We may share and discuss your medical information with another health care provider who seeks this information for the purpose of treating you.
- We may use a patient sign-in sheet in the waiting area, which is accessible to all patients.
- We may page patients in the waiting room when it is time for them to receive services.
- We may contact you to provide appointment reminders, treatment alternatives and other health related benefits or services from MILV that may be of interest to you.

## **2. Payment**

We may use and disclose your protected health information for our payment purposes as well as the payment purposes for other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service and authorized by the insurer.
- Submission of a claim form to your health insurer.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Sharing your demographic information (for example, your address) with other health care providers who seek this information to obtain payment for health care services provided to you.
- Mailing you bills in envelopes with our practice name and return address.
- Provision of a bill to a family member or other person designated as responsible for payment of services rendered to you.
- Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.
- Allowing your health insurer to access your medical record for a medical necessity or quality review audit.
- Providing consumer-reporting agencies with credit information (such as your name and address, date of birth, social security number, payment history, account number, and our name and address).

- Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.
- Disclosing information in a legal action for purposes of securing payment of a delinquent account.

### **3. Health Care Operations**

We may use and disclose your protected health information for purposes of our business activities, which are called health care operations, as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- Quality assessment and improvement activities.
- Population based activities relating to improving health or reducing health care costs.
- Reviewing the competence, qualifications, or performance of health care professionals.
- Conducting training programs for medical personnel.
- Accreditation, certification, licensing, and credentialing activities.
- Health care fraud and abuse detection and compliance programs.
- Conducting other medical review, legal services, and auditing functions.
- Business planning and development activities for our practice, such as conducting cost management and planning related analyses.
- Sharing information regarding patients with entities that are interested in purchasing our practice and turning over patient records to entities that have purchased our practice.
- The health care operations of an organized health care arrangement with which we participate, such as the joint care that is provided by a hospital and physicians who treat patients at the hospital.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

### **B. Uses and disclosures for other purposes**

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category – not just the category under which they are listed.

#### **1. Individuals involved in care or payment for care**

We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend, where such information is directly relevant to that person's involvement in your care or payment for your care. We may also use and disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your general condition.

If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose protected health information as mentioned above if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we

may exercise professional judgment in determining whether the use or disclosure of protected health information is in your best interest. We may also use our professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up items such as x-rays or other things that contain protected health information.

## **2. Required by law**

We may use and disclose protected health information when required by federal, state, or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments, and blood alcohol testing.

## **3. Other public health activities**

We may use and disclose protected health information for public health activities to a public health authority that is permitted by law to collect or receive the information, including:

- Public health reporting, for example, communicable disease reports.
- Child abuse and neglect reports.
- FDA-related reports and disclosures, for example, adverse reports.
- Public health warnings to third parties at risk of a communicable disease or condition.
- OSHA requirements for workplace surveillance and injury reports.

## **4. Victims of abuse, neglect, or domestic violence**

We may use and disclose protected health information for purposes of reporting abuse, neglect or domestic violence in addition to child abuse consistent with the requirements of state and federal law, for example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

## **5. Health oversight activities**

We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs and other government regulatory programs. For example, we may comply with a Drug Enforcement Agency inspection or patient records.

## **6. Judicial and administrative proceedings**

We may use and disclose protected health information disclosures in judicial and administrative proceedings in response to a court order or in certain circumstances to a subpoena, discovery request of other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is an issue.

## **7. Law enforcement purposes**

We may use and disclose protected health information for certain law enforcement purposes including to:

- Comply with legal process, for example, a search warrant.
- Comply with a legal requirement, for example, a mandatory reporting of gunshot wounds.
- Respond to a request for information for identification/location purposes.
- Respond to a request for information about a crime victim.
- Report a death suspected to have resulted from criminal activity.
- Provide information regarding a crime on the premises.
- Report a crime in an emergency.

## **8. Information about decedents**

We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purposes of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law. We may also disclose protected health information to funeral directors as necessary to carry out their duties.

## **9. Organ or tissue donation**

We may disclose protected health information to organ procurement organizations.

## **10. Threats to public safety**

Consistent with applicable law and standards of ethical conduct, we may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

## **11. Specialized government functions**

Under certain circumstances, we may use and disclose protected health information for purposes involving specialized government functions including:

- Military and veteran activities.
- National security and intelligence.
- To help provide protective services for the President and others.
- Medical suitability determinations for the Department of State.
- Correctional institutions and other law enforcement custodial situations.

## **12. Workers' compensation and similar programs**

We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work injury.

## **13. Research**

We may use and disclose protected health information about you for research purposes under certain limited circumstances. We must obtain written authorization to use and disclose protected health information about you for research purposes except in situations specifically authorized by the federal privacy rule or where a research project meets specific, detailed criteria established by the federal privacy rule to insure the privacy of protected health information.

## **14. Disclosures required by Federal Privacy Rule**

We are required to disclose protected health information to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the federal privacy rule.

### **C. Uses and disclosures with authorization**

We are not permitted to do the following without your authorization: 1) most sharing of psychotherapy notes; 2) use your protected health information for marketing; or 3) sell your protected health information.

Further, for all other purposes which do not fall under a category listed under sections II.A and II.B above, we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time, except to the extent that we have already relied on or taken action on the authorization.

## **III. PATIENT PRIVACY RIGHTS**

### **A. Rights to request restriction on use and disclosure**

You have the right to request additional restrictions on the protected health information that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of protected health information to certain individuals involved in your care that are otherwise permitted by the privacy rule. *We are not required to agree to your request, except in cases where: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the protected health information pertains solely to a health care item or service for which you, or someone other than the health plan on your behalf, has paid us in full.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the event of an emergency. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, please

include (a) the information that you want to restrict; (b) how you want to restrict this information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (c) to whom you want those restrictions to apply.

## **B. Confidential communication**

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work; we will not request an explanation from you as to the basis of your request. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our Privacy Officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

## **C. Accounting of disclosures**

You have the right to request an accounting of certain disclosures that we have made of protected health information about you. This is a list of disclosures made by us during a specified period of up to six (6) years *other than* disclosures made: for treatment, payment and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; or for certain notification purposes (including but not limited to national security, intelligence, correctional or law enforcement purposes). The right to receive this information is subject to certain exceptions, restrictions and limitations. If you wish to make a request for an accounting, please contact our Privacy Officer identified in this Notice. The first list that your request in a twelve (12) month period is free, but we may charge you for our reasonable costs of providing additional lists in the same twelve (12) month period. We will tell you about these costs at the time you make such a request, and you may choose to cancel or modify your request at any time before such costs are incurred.

## **D. Inspection and copying**

You have a right to inspect and obtain a copy of your protected health information that we maintain in a designated record set, which includes medical and billing records and other records used by the physician and practice in making decisions about you. This right is subject to limitations, such as information gathered or prepared for a civil, criminal, or administrative proceeding, and we may deny your request only in certain circumstances. We may impose a reasonable charge for the labor and supplies (copying, postage) involved in providing copies.

To exercise your right to access, you must submit a written request to our Privacy Officer. The request must (a) describe the health information to which access is requested, (b) state how you want access to the information, such as inspection, pick-up copy, mailing of copy, (c) specify any requested form or format, such as a paper copy or an electronic means, and (d) include the mailing address if applicable.

## **E. Right to amendment**

You have the right to request that we amend protected health information that we maintain about you in

a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our Privacy Officer. The request must specify each change that you want and provide reason to support each requested change.

We may deny your request for amendment in certain cases, including if it is not in writing or if you do not give us a reason for the request. If we deny your request for an amendment, you have the right to file a statement of disagreement with us; we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

#### **F. Paper copy right of privacy notice**

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, please contact our Privacy Officer.

#### **IV. CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change- including information that we created or received prior to the effective date of the change. We will provide you with a copy of any revised Notice of Privacy Practices upon your request.

We will post a copy of the current notice in the waiting room of the practice. At any time, patients may review the current notice by contacting our Privacy Officer.

#### **V. COMPLAINTS**

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or to the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our Privacy Officer at the address and telephone number listed on the first page of this Notice. Please contact our Privacy Officer for information on making a complaint to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

#### **VI. LEGAL EFFECT OF THIS NOTICE**

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.