

Mission Imaging Center
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 READ IT CAREFULLY.

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. We are required to (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

WHO WILL FOLLOW THIS NOTICE

Mission Regional Imaging Center provides healthcare to our patients and clients in partnership with other professionals and organizations. The privacy practice in this notice will be followed by:

- Any Mission Regional Imaging Center healthcare professional authorized to enter information into your medical chart.
- All departments at Mission Regional Imaging Center.
- All employees, staff and other personnel of Mission Regional Imaging Center.
- Any business associate with whom we share health information.

INFORMATION COLLECTED ABOUT YOU

In the course of receiving treatment and healthcare services from us, you will be providing us with personal information such as:

- Your name, address, phone number, date of birth, social security number.
- Information relating to your medical history.
- Your insurance information and coverage.
- Spousal and employer information.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your medical care such as the referring physician, your other doctors, your health plan, and family members or close friends.

OUR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you is personal. We are committed to protecting the privacy of medical information about you. In an effort to provide the highest quality medical care and to comply with certain legal requirements, we will and are required to:

- Keep your medical information private.
- Provide you with a copy of this notice.
- Follow the terms of this notice.

- Notify you if we are unable to agree to a restriction that you have requested.
- Accommodate reasonable requests by you for us to communicate health information by alternative means or at alternative locations.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use and disclose medical information about you for your treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company, Medicare, or Workers Compensation carrier); and to support our healthcare operation (such as comparing patient data to improve treatment methods).

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS (TPO)

We will use your health information for treatment. For example: Information received by a nurse, technologist, physician or other member of your healthcare team will be recorded in your medical record and used to determine your course of treatment. We will also provide your physician or a subsequent healthcare provider with copies of reports to assist him or her in treating you once you're discharged from our facility.

We will use your health information for payment.

For example: A bill may be sent to you or an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used in your treatment.

We will use your health information for regular healthcare operations.

For example: Members of the medical staff, the risk or quality management staff of Mission Regional Imaging Center may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

HOW WILL MY INFORMATION BE USED

We may contact you for appointment reminders. We may release medical information about you to a family member, friend or any other person involved in your medical care. We may also give information to those you identified as responsible for payment of your care. We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without your prior authorization for the following purposes:

(continued on back)

I, (print name) _____ have received a copy of the Notice of Privacy Practices from Mission Regional Imaging Center concerning how the use or disclosure of protected Health Information will be handled by the practice.

Patient signature

Date

- **LAW.** We may disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.
- **PUBLIC HEALTH.** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc. as required by law.
- **BUSINESS ASSOCIATES.** There are some services provided in our organization through contracts with business associates (i.e. we may disclose medical information about you to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for the healthcare services we provide). To protect your health information we require the business associate to appropriately safeguard your information.
- **NOTIFICATION.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, or your location and general condition.
- **FOOD AND DRUG ADMINISTRATION (FDA).** We may disclose to the FDA health information relative to adverse events.
- **WORKERS COMPENSATION.** We may disclose health information necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.
- **CORRECTIONAL INSTITUTION.** Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.
- **STATE REQUIREMENTS.** Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs.
- **ORGANIZED HEALTHCARE ARRANGEMENTS.** Mission Regional Imaging Center and its staff members have organized and are jointly presenting this notice to you. Information will be shared as necessary to carry out treatment, payment and healthcare operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment this time.

OTHER USES OF MEDICAL INFORMATION

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing medical information about you. If you choose to authorize us to use or disclose your health information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that action has already been taken by us upon authorization given to us.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although your health record is the property of Mission Regional Imaging Center, you have the right to:

- Request a restriction, in writing*, on certain uses or disclosures of your medical information for treatment, payment or healthcare operation, with the exception of emergency situations. We will consider your request, but we are not legally required to agree to a requested restriction. We will inform you of our decision on your request.
- Obtain a paper copy of this notice of our privacy practices upon request.
- Inspect and obtain a copy of your medical information, in most cases.
- Request in writing*, an amendment to your records if you believe the information in your record is incorrect or important information is missing. We could deny your request to amend a record if the information was not created by us, maintained by us, or if we determine the record is accurate. You may appeal, in writing* a decision by us not to amend a record.
- Obtain an accounting or disclosures stating who and where your health information has been disclosed for purposes other than treatment, payment, healthcare operations or where you specifically authorized a use or disclosure in the past six (6) years, but not prior to April 14, 2003. The request must be in writing and state the time period desired for the accounting*. After the first request, there may be a charge.
- Request that medical information about you be communicated to you in a confidential way or at an alternative location but you must specify how or where you wish to be contacted.

*All written requests or appeals should be submitted to our Privacy Official listed at the bottom of this notice.

CHANGES TO THIS NOTICE

Mission Regional Imaging Center has the right to change this notice at any time. We have the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our center. The notice will contain the effective date. In addition, you may request a copy of the current notice each time you register at the center for treatment or healthcare services as an outpatient.

COMPLAINTS

If you have questions or would like additional information, or if you believe your privacy rights have been violated, you can contact Mission Regional Imaging Center via mail or call 949-364-6900. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201. Filing a complaint will not negatively affect the treatment or coverage that you receive.

PRIVACY OFFICIAL

Name: Safety Officer

Address: 27800 Medical Center Road, Suite 108
Mission Viejo, CA 92691