

D. The Right to Amend Your PHI.

If you believe that PHI we have about you is incorrect or incomplete, you may ask to correct or update it. You must make a written request, addressed to our Privacy Officer (contact information is listed at the end of this notice), and should include an explanation of why you think the amendment is appropriate. We will respond to you within 60 days of receiving your written request and will inform you in writing as to whether the amendment will be made or denied. If we approve your request, we will make the change to your PHI and inform others that need to know about the change. We may deny your request if you ask us to amend information that:

1. was not created by us, unless the person who created the information is no longer available to make the amendment;
2. is not part of the PHI we keep about you;
3. is determined by us to be accurate and complete.

If we deny your request, you have the right to file a written statement of disagreement with the denial. You have the right to request that a copy of your request and our denial be attached to all future communications of your PHI .

E. The Right to Obtain a List of the Communications We Have Made.

You have the right to receive a list of instances in which we have disclosed your PHI for purposes other than treatment, payment and our health care operations, or those made directly to you or your family or friends. This list will not include disclosures made with your written authorization, nor will it include communications made before April 14, 2003. You must make a written request and this must be addressed to our Privacy Officer (contact information is listed at the end of this notice). We will respond to your written request within 60 days of receipt. If you request this accounting more than once in a 12-month period we may charge you a reasonable cost-based fee for responding to these additional requests.

Revised 2/07

F. The Right to Get This Notice by E-mail.

You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this notice by e-mail, you also have the right to obtain a paper copy of this notice.

QUESTIONS AND COMPLAINTS

If you feel that we have violated your privacy rights, or if you disagree with a decision we made about access, amendments, or restrictions to your PHI, you may file a complaint with us in writing or you may submit a complaint to the Secretary of the U.S. Department of Health and Human Services. ***We will not retaliate against you for filing a complaint.*** You may also contact our Privacy Officer with any questions or comments about our privacy practices.

Please address any written correspondence to:

**The Imaging Center
ATTN: Richard Doritty
1951 Wilmington Drive
Fort Collins, CO 80528**

Or you can reach us by:

**Phone: (970) 282-2900
Fax: (970) 282-9800
Email: rgd@pvhs.org**

**THIS NOTICE WENT INTO EFFECT ON:
APRIL 14, 2003**

NOTICE OF PRIVACY PRACTICES for THE IMAGING CENTER

**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 HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

We are legally required to protect the privacy of your health information. We call this information PHI for short. We must provide you with this notice about our privacy practices which explains how, when, and why we use and communicate your PHI. Additionally, we are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI that we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in our reception area. You can also request a copy of this notice from our Privacy Officer (contact information is listed at the end of this notice) at any time and can view a copy of this notice at our website at www.the-imaging-centers.com.

HOW WE MAY USE AND COMMUNICATE YOUR PROTECTED HEALTH INFORMATION

We use and communicate your protected health information (PHI) for many different reasons. For some of these uses or communications, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples for each.

A. We may use and communicate your PHI for the following reasons:

1. For Treatment:

We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you are sent to us by a physician for a diagnostic test, such as X-ray, MRI, CT Scan or other radiological imaging or procedure, we will provide a written report of the findings and/or films and images as necessary to your physician.

2. To Obtain Payment for Treatment:

We may use and communicate your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing office, Advanced Medical Imaging Consultants, P.C., and also to your health insurance plan to get paid for the health care services provided to you.

3. For Health Care Operations:

We may communicate portions of your PHI in order to operate this facility. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided services to you. We may also provide your PHI to accountants, attorneys, consultants and others in order to make sure we are complying with the laws that affect us.

B. We may use and communicate your PHI *without* your authorization for the following reasons:

1. When Required by Law.

We communicate PHI when we are required to do so by federal, state or local law.

2. For Public Health Activities.

For example, we disclose PHI to a public health authority that is permitted by law to collect or receive such information for the purpose of controlling diseases, injury or disability.

3. For Health Oversight Activities.

For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

4. For Workers' Compensation Purposes.

We may provide PHI in order to comply with workers' compensation laws.

5. Appointment Reminders and Health-Related Benefits or Services.

We may use PHI to provide appointment reminders or give you information about other health care services we offer.

C. Use and Disclosure that Requires You to Have the Opportunity to Object.

Disclosures to Family, Friends, or Others.

We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or who is involved with the payment of your health care. In this case, we would communicate only the PHI that is relevant to your health care or to the collection of payment for services. You may object in whole or in part.

YOUR PATIENT RIGHTS

A. The Right to Request Limits on Uses and Disclosures of your PHI.

You have the right to ask that we limit how we use and communicate your PHI. Any such request must be submitted in writing to our Privacy Officer (contact information is listed at the end of this notice). We will consider your request but are not legally required to accept it. If we do agree, we will put it in writing and will abide by the agreement, unless violation is necessary to provide you with emergency treatment.

B. The Right to Access Your PHI.

You have the right to look at and obtain copies of your PHI that we have. You must make a written request and this must be addressed to our Privacy Officer (contact information is listed at the end of this notice). We will respond to you within 30 days of receiving your written request. In certain situations, we may deny your request and will provide you with a written explanation for denial. If you request photo copies of your PHI, we will charge you at the current rate being paid by the Colorado Department of Health and Human Services - Disability Determination Services for the written portion of your PHI. For copies of your films/images, they will be provided to you at a cost of 450% of our current costs for the recording media (CD's or Film). These charges are to cover our expenses for supplies and labor to provide these copies.

C. The Right To Choose How We Send PHI to You.

You have the right to ask that we send information to you to an alternate address, such as to your work address rather than your home address, or by alternate means, such as e-mail instead of regular mail. We must agree to your request so long as we can easily provide it in the format you requested.