

# **Northern Breast & Women's Imaging**

## **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.**

Keeping your health information confidential and secure and using it only as permitted by law is a top priority of Northern Breast & Women's Imaging. You have the right to know how Northern Breast & Women's Imaging uses and discloses your health information. Under the Health Insurance Portability and Accountability Act (HIPAA), Northern Breast & Women's Imaging can use your health information for Treatment, Payment and Health Care Operations. In connection with "Treatment", we may use or disclose your health information to other physicians or other healthcare providers who may be treating you. This may include for example, electronic access of your films by physicians who might require this information. Physician accessibility would be through a state of the art, password secure website. In connection with "Payment", we may use and disclose your health information to facilitate payment by health insurers. In connection with "Health Care Operations", we may use and disclose your health information to facilitate our business operations, for example, quality assessment activities, reviewing the competency or qualifications of healthcare professionals, and licensing or credentialing activities. We may also contact you by telephone to remind you of appointments.

Certain uses and disclosures that do not fall under Treatment, Payment, or Health Care Operations will require your written authorization. For example, if you would like us to send information to an employer, your written authorization may be required. However, several kinds of disclosures do not require your written authorization. Where a third party is involved in your care and you wish for that third party to be present during conversations about your health, you may agree or permit us to disclose the health information to that individual without written authorization. We may use or disclose your health information when we are required to do so by law. For example, a government agency responsible for monitoring health care activities may require us to disclose your health information to it.

We value our patients and the various rights afforded to them under federal and state law to access health information. To that end, we recognize and will accommodate patients' rights to restrict the disclosure of health information, if we agree to such restriction. We will also accommodate patients' rights to receive confidential communications of their health information, to inspect and copy their health information, to amend their health information, to receive an accounting of disclosures of their health information, and to receive a paper copy of this Notice of Privacy Practices.

Northern Breast & Women's Imaging values its patients. In the event there are any issues or problems regarding the way your health information was handled by us, you may submit them to us in writing or to the Secretary of the Department of Health and Human Services in Washington, D.C. You will not be retaliated against in any manner for raising any issues. We look forward to providing quality service to you and to ensuring that your health information remains confidential.