

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.

WAKE RADIOLOGY'S LEGAL DUTIES

Wake Radiology is required by law to maintain the privacy and security of your protected health information ("PHI"), provide you with a copy of this Notice, and abide by the terms of this Notice currently in effect. Wake Radiology reserves the right to change the terms of this Notice, and the changes will apply to all PHI that we maintain. Revised versions of this Notice will be posted on our website, in our facilities, and made available to you upon request. In addition, we will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.

USES AND DISCLOSURES OF HEALTH INFORMATION

Wake Radiology uses and discloses your PHI for treatment, obtaining payment for treatment, and conducting its healthcare operations. For example, Wake Radiology will use your medical information to perform requested diagnostic or treatment services and provide your treating physician with a radiology report. We may use your PHI to contact you to provide appointment reminders. We may share your medical information with your insurance company, our billing department and collection agencies. We may use your PHI to perform quality assurance and arrange for accreditation organizations to evaluate our practice.

Wake Radiology may also use or disclose your PHI without authorization for public health purposes, for auditing purposes, for emergencies, and to avoid a serious threat to your health and safety or that of another person. We also provide PHI when permitted or required by law. This includes disclosures for workers' compensation claims, for law enforcement purposes, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services. We may also disclose your PHI in response to a court or administrative order. Uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI will not be made without your authorization.

We may also disclose your PHI to a family member, friend, or any other person who is involved in your care or payment for care, unless you object. In this case, you have the right and choice to tell us to share PHI with your family, friends, or others involved in your care. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest.

Other uses and disclosures not described in this Notice will be made only with authorization from you. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization at any time to stop future disclosures by contacting the Privacy Officer listed below. Your revocation of an authorization may not apply to any uses or disclosures of your information already made in reliance on the authorization.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to request to inspect or obtain a copy of your PHI. Copies of your PHI will be provided to you within two weeks. You have the right to ask us to correct any PHI that you think is incorrect or incomplete. You also have the right to ask us for a list (accounting) of the times we have shared your PHI during the past six years prior to the date of your request. We will include all disclosures, except those for treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). Such requests must be in writing.

You have the right to reasonably request to receive confidential communications of PHI by alternative means or at alternative locations. You may also request in writing that we not use or disclose your PHI for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Wake Radiology will consider all requests on a case-by-case basis, but the practice is not legally required to accept them. Such requests must be in writing.

You have the right to request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket in full. We will comply with such a request, unless a law requires us to share that information.

You have the right to receive a paper copy of this Notice (even if you have agreed to receive an electronic version). You can also obtain a copy of this notice at anytime from our website www.WakeRad.com or get a copy from the facility where you obtained treatment.

CONCERNS AND COMPLAINTS

You have the right to file a complaint if you feel we have violated your privacy rights and may do so by contacting our practice Privacy Officer listed below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint. For further information on Wake Radiology's privacy practices, please contact the following person:

Amy Patton, Privacy Officer
Wake Radiology 3949 Browning Place, Raleigh, NC 27609
Telephone: 919-787-7411 Fax: 919-789-4461

Effective Date: 04/14/2003

Revised Dates 07/11/2013; 08/03/2015; 12/09/2016