

HIPAA NOTICE OF PRIVACY PRACTICES

Effective 03/23/2021 1:00:00pm

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.

The following is the Notice of Privacy Practices (“Privacy Policy”) of South Jersey Radiology Associates, P.A. as required by the Health Insurance Portability and Accountability Act of 1996, as amended, and regulations promulgated thereunder, commonly known as “HIPAA”. HIPAA requires all health care providers to maintain the privacy of your medical information, known as “protected health information” or “PHI” under HIPAA. HIPAA also requires that we provide you with notice of the uses and disclosures of PHI we may make and your rights and our legal duties with respect to your PHI. We are required by law to abide by the terms of this Privacy Policy, and to notify affected individuals following a breach of unsecured PHI.

Your PHI

We collect, use and disclose your PHI by providing treatment, and in connection with payment or health care operations activities. Your PHI broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as health insurance companies or health plans, that relates to your past, present or future physical or mental health or condition, the past, present or future provision of health care to you, or the past, present or future payment for the provision of health care to you. The law specifically protects health information that contains data that could be used to identify you as the individual who is associated with that health information, such as your name, address, social security number, and other types of information related to you.

Uses or Disclosures of Your PHI

Generally, we may use or disclose your PHI only as described in this Privacy Policy, unless we first obtain your written permission. Further, once your permission has been obtained, we must use or disclose your PHI in accordance with the specific terms of that permission.

We may NOT use or disclose your PHI without your written permission if the PHI includes psychotherapy notes, or if the use or disclosure is for marketing purposes or involves the sale of your PHI. If we want to use or disclose your PHI for marketing or sales purposes, we must tell you whether we will receive payment from a third party in connection with such marketing or sale and, if we will, your written permission must acknowledge this.

The following are the circumstances under which we are permitted or required by law to use or disclose your PHI.

Treatment, Payment and Health Care Operations Purposes

We may use or disclose your PHI without first getting your written permission in order to provide you with services and the treatment you require or request, to collect payment for those services, to conduct health care operations, and as otherwise specifically permitted or

required by law. Also, we are permitted to disclose your PHI within and among our workforce in order to accomplish these same purposes. However, we are still required to limit such permitted uses and disclosures to the minimum amount of PHI that is reasonably required to provide those services or complete those activities.

Examples of treatment activities include: (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to you; or (c) the referral of you to another health care provider for services.

Examples of payment activities include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement; (c) medical necessity and appropriateness of care reviews, and utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collections or reimbursement.

Examples of health care operations include: (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) performing medical review, internal legal services, and auditing functions; and (e) general internal administrative activities such as customer service and data analysis.

When Required By Law

We may use or disclose your PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

Examples of instances in which we are required to disclose your PHI include: (a) response to a court order or court-ordered warrant; (b) response to a subpoena or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the disclosure; (c) in connection with complying with Medicare conditions of participation or related to payment by Medicare, Medicaid, or another government program; and (d) any requirement in a law that requires us to use or disclose PHI and that is enforceable by a court.

When You Have the Opportunity to Agree or to Object

We may use or disclose your PHI to certain individuals involved in your care and for notification purposes, where we tell you in advance of the use or disclosure and give you the chance to agree or object, or where the circumstances prevent us from giving you the chance to agree or object.

Examples of instances in which we may use or disclose your PHI for involvement in your care and notification include: (a) disclosure or notification to a family member, other relative, close personal friend, or someone else you identify when that person is involved in your health care or the payment for your health care (such as where you are covered under a family's member's health plan) as long as you are present for, or otherwise available prior to, the use or disclosure and agree to or do not object to the disclosure or notification; (b) in

an emergency situation or where you are not present, we may use or disclose your PHI (i) if we believe the use or disclosure is in your best interests and we only disclose PHI that is relevant to the person's involvement, (ii) to an entity legally authorized to assist in disaster relief efforts, and (iii) if you are deceased, to the individuals involved in your care or payment for your care prior to your death.

Other Situations Where HIPAA Permits the Uses and Disclosures

We may use and disclose your PHI without getting your written permission and without giving you a chance to agree or object in certain other situations that are allowed under HIPAA, as long we meet certain specific requirements.

Examples of these other specific situations in which we may use or disclose your PHI include: (a) public health activities, including preventing or controlling disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food or dietary supplements or product defects or problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury in order to comply with Federal or state law; (b) disclosures regarding victims of abuse, neglect, or domestic violence, including reporting to social service or protective services agencies; (c) health oversight activities, including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (d) judicial and administrative proceedings in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, as long as we have satisfactory assurances that you have been given notice of the request; (e) law enforcement purposes for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death; (f) disclosures about decedents for purposes of cadaveric donation of organs, eyes or tissue; (g) for research purposes under certain conditions; (h) to avert a serious threat to health or safety; (i) military and veterans activities; (j) national security and intelligence activities, protective services of the President and others; (k) medical suitability determinations by entities that are components of the Department of State; (l) correctional institutions and other law enforcement custodial situations; (m) covered entities that are government programs providing public benefits; and (n) for workers' compensation.

Miscellaneous Activities

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

All Other Situations With Your Specific Written Permission

Except as otherwise permitted or required, as described above, we may not use or disclose your PHI without your written permission. This written permission is often referred to as a "HIPAA Authorization". However, we may only use or disclose your PHI consistent with the terms of your written permission. You may revoke your written permission at any time, except to the extent that action has been taken in reliance on your written permission.

Your Rights With Respect to Your PHI

Under HIPAA, you have certain rights with respect to your PHI. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

Right To Request Restrictions On Use Or Disclosure

You have the right to request restrictions on certain uses and disclosures of your PHI about yourself. You may request restrictions on the following uses or disclosures: (a) to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of PHI directly relevant to your care or payment related to your health care, or your location, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of PHI; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. While we are not required to agree to any of these requested restrictions, if we agree to a restriction, we are bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

You also have the right to request that we restrict disclosure of your PHI to a health plan or health insurance company if the disclosure is for the purpose of our receiving payment for your health care or for health care operations purposes and is not otherwise required by law, and the restriction relates to a health care service or item for which you, or someone on your behalf (other than the health plan or health insurance company) have paid us in full. HIPAA requires us to agree to this type of request.

Right To Receive Confidential Communications

You have the right to receive confidential communications of your PHI. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request, and must accommodate reasonable requests by you, to receive communications of PHI from us by alternative means or at alternative locations.

Right To Inspect and Obtain a Copy of Your PHI

You have the right to access a designated record set in order to inspect and obtain a copy of your PHI contained in the designated record set, except for: (a) psychotherapy notes; (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. A “designated record set” is a group of records we maintain that includes medical records and billing records about individuals, and other records that are used, in whole or in part, by or for us to make decisions about individuals. Requests for access to your PHI must be made in writing either in-person or sent to us at the address provided herein.

We must provide you with access to your PHI in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We may provide you with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner (i.e., within 30 days, unless we have given you written notice as to why we are extending the period by an additional 30 days), including arranging with you a convenient time and place to inspect or obtain copies of your PHI or mailing a copy to you at your request. We will discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access.

If you request a copy of your PHI or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance. If New Jersey law provides you with rights to copies of your PHI that are in addition to or greater than those provided by HIPAA, we will honor those rights. For example, to the extent that we send you copies of your PHI in response to your request for access, we will mark such copies as "Confidential" in accordance with New Jersey law. We reserve the right to deny you access to and copies of certain PHI as permitted or required by law. We will reasonably attempt to accommodate any request for PHI by, to the extent possible, giving you access to other PHI after excluding the information as to which we have a ground to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

Right To Amend Your PHI

You have the right to request that we amend your PHI or a record about you contained in a designated record set, for as long as the designated record set is maintained by us. We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment; (b) the information is not part of a designated record set maintained by us; (c) the information is prohibited from inspection by law; or (d) the information is accurate and complete. Requests to amend your PHI must be made in writing either in-person or sent to us at the address provided herein, and provide a reason to support the requested amendment. We will respond to your request within 60 days of receipt, unless we have given you written notice as to why we are extending the period by an additional 30 days. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services ("DHHS"). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your PHI that is the subject of the requested amendment. Copies of all requests, denials, and

statements of disagreement will be appended to the records of your PHI in the designated record set that you have requested be amended. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received PHI of yours prior to the amendment and persons that we know have the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such PHI to your detriment.

Right To Receive An Accounting Of Disclosures Of Your PHI

You have the right to receive a written accounting of all disclosures of your PHI that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such disclosures will include the date of each disclosure, the name and, if known, the address of the entity or person who received the PHI, a brief description of the PHI disclosed, and a brief statement of the purpose and basis of the disclosure or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such PHI. Notwithstanding the foregoing, we are not required to provide accountings of disclosures made for the following purposes: (a) treatment, payment, and healthcare operations; (b) disclosures pursuant to your authorization; (c) disclosures to you; (d) for a facility directory or to persons involved in your care; (e) for national security or intelligence purposes; (f) to correctional institutions; and (g) as part of a limited data set. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will respond to your request within 60 days of receipt, unless we have given you written notice as to why we are extending the period by an additional 30 days. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. Requests for an accounting of disclosures must be made in writing either in-person or sent to us at the address provided herein.

Complaints

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to our privacy officer, Dr. William F. Muhr, Jr. at the address set forth herein. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew, or should have known, that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

Amendments to this Privacy Policy

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all PHI we maintain, even if such PHI was created or received prior to the effective date of the revision or amendment.

On-going Access to Privacy Policy

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request to our HIPAA Privacy Officer as provided herein. The most recent

version of this Privacy Policy may also be accessed at any time on our website:
www.sjra.com.

For any requests hereunder, for further information regarding the privacy of your PHI, or for information regarding the filing of a complaint with us, please contact our HIPAA Privacy Officer, Sherrill Little, M.D., at the following address and telephone number:

South Jersey Radiology Associates, P.A.
1307 White Horse Rd, Suite A102
Voorhees, NJ 08043
Attn: Sherrill Little, M.D.

Phone: (888) 909-7572

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