



*Tampa • Orlando • Kissimmee • Jacksonville*

### **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**

#### **Our Duties**

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change those terms and any changes made will be made available to you at our imaging center or from our Privacy Coordinator Tiffany Kemp by calling (813) 238-3833 or by writing to AFO Imaging, Inc. c/o Privacy Coordinator, 1931 W. MLK Blvd, Suite F, Tampa, FL 33607.

#### **Permitted Uses**

We may use and disclose your medical information for specific reasons:

- **Treatment:** We will provide your doctor or other health care provider with the results of the diagnostic imaging exams we perform. We may contact you before the exam to remind you of your appointment or to talk with you about preparing for the exam.
- **Payment:** We will bill your insurance company, you directly, or another person that may be responsible for payment of your account. We may need to contact your health plan to see if they will pay for the exams your doctor has ordered. In addition, if your treatment is related to a pending lawsuit we may disclose your medical information to the attorney's on either side.

#### **Disclosures without Authorization**

We may use and disclose medical information about you, without specific authorization:

- **Disclosures Required by Law:** We may be required by federal, state or local law to disclose your medical information.
- **Public Health Activities:** We may disclose your medical information to a public agency, such as the Food and Drug Administration (FDA), if you experience an adverse effect from any of the drugs, supplies, or equipment we use.
- **Victims of Abuse, Neglect, or Domestic Violence:** We may be required to disclose your medical information if we feel that you have been abused or neglected.
- **Health Oversight Activities:** We may be required to disclose your medical information to Medicare or a related agency if the select your case for medical review
- **Judicial and Administrative Proceedings:** We may have to disclose your medical information if we receive a subpoena from a judge or administrative tribunal.



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- **Law Enforcement:** We may have to disclose your medical information in conjunction with a criminal investigation by federal, state, or law enforcement agency.
- **Serious Threats to Health of Safety:** We may be required to disclose your medical information if, in our opinion, doing so will help avert a serious threat to the public.
- **Military Personnel:** We may disclose your medical information to the appropriate command authorities.
- **Worker's Compensation:** We may disclose your medical information to comply with laws regarding worker's compensation.

### **Patient Rights**

You have certain rights with respect to your medical information.

**Requesting Restrictions:** You may ask us to limit our use or disclosure of your protected health information. We are not required to agree to your request, but if we agree to it, we will abide by your request except as required by law, in emergencies, or when the information is necessary to treat you. Your request must: 1) be in writing, 2) describe the information that you want restricted, 3) state if the restriction is to limit our use or disclosure, and 4) state to whom the restriction applies.

**Confidential Communications:** You may ask that we communicate with you in a particular way, or at a certain location, to maintain your confidentiality. Your request must be in writing and must tell us how you intend to satisfy your financial responsibility and specify an alternate way that we can contact you confidentially. You do not have to give a reason for your request.

**Inspect and Copy:** You may request access to inspect and copy your medical information maintained in our records, including medical and billing records. Your request must be in writing. We will act on your request within 30 days after we get it. If we must deny your request, we will send you a written denial. If this happens, you must request a review of the denial. We may charge you a fee for this service.

**Amendment:** You may ask us to amend your health information if you believe that it is incorrect or incomplete. Your request must be in writing and must include a reason to support the amendment. Your request may be denied if we believe that the information is complete and accurate, if the information is not part of the medical information that you would be permitted to inspect or copy, or if we did not create the information.

**Accounting of Disclosures:** You may request a list of disclosures that we have made of your medical information over the previous six (6) years. You may not request an accounting for dates of service prior to April 14, 2003. Your first request within a 12-month period is free, but we may charge for additional lists within the same 12-month period.

**Paper Copy of This Notice:** You are entitled to receive a paper copy of our Notice of Privacy Practices by using the contact information supplied on the first page.

**File a Complaint:** If you believe that we have violated your privacy rights, you may file a complaint directly with us using the contact information on the first page. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for complaining.



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**Patient Acknowledgment**

I hereby acknowledge that I have been given an opportunity to review the privacy practices at Advanced Imaging. I understand that I may obtain a copy of the Notice of Privacy Practices.

This notice has been issued and considered effective on the date signed. We will keep this form on file for a minimum of six (6) years.

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Patient Signature

Date

**A COPY OF THIS NOTICE IS AVAILABLE TO YOU UPON REQUEST.**