

## HOW IS YOUR HEALTH INFORMATION USED?

### FOR TREATMENT

Sending your medical information to a referring physician

### FOR PAYMENT

To assure services are billed accurately to patients, insurance companies, Medicare and/or third parties

### FOR HEALTH CARE OPERATIONS

Conducting quality assessments

### YOUR HEALTH INFORMATION MAY ALSO BE USED IN OTHER INSTANCES, SUCH AS:

- Public health risks/purposes
- Participating in health oversight audits and/or inspections
- Cooperating in judicial and administrative proceedings
- Government health data systems
- Participation in research studies
- Assisting medical examiners
- Workers' compensation purposes
- In case of an emergency
- In cases required by law

**UNLESS THE DISCLOSURE IS FOR TREATMENT, PAYMENT, AND/OR HEALTHCARE OPERATIONS, OR A DISCLOSURE IS REQUIRED BY LAW, WE WILL OBTAIN YOUR WRITTEN AUTHORIZATION BEFORE DISCLOSING YOUR HEALTH INFORMATION. YOU MAY REVOKE YOUR AUTHORIZATION AT ANY TIME.**

[www.imagingpartnersoc.com](http://www.imagingpartnersoc.com)

### IMAGING PARTNERS OF ORANGE COUNTY

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### NOTICE OF PRIVACY PRACTICES

# 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.

All Imaging Partners of Orange County physicians, staff members, volunteers, as well as any business associates or partners with whom we share your health information, will follow the practices as outlined in this Notice.

At Imaging Partners of Orange County we combine imaging expertise with a patient-centered approach to care. We believe in treating each patient with respect and dignity. We understand that medical information is personal. We make every effort to ensure that the protected health information of our patients is used only for appropriate reasons. This individualized attention and responsiveness to patient concerns represents the hallmark of our practice.

## WHAT IS PROTECTED HEALTH INFORMATION?

Protected health information is any health information that identifies you, such as your name, date of birth, and Social Security Number.

We keep record of services our patients receive in order to provide the best possible care. We maintain strict adherence to state and federal laws when working with patient information.

## WE MAY CONTACT YOU IN REGARDS TO:

- Appointment reminders and scheduling
- Treatment options and alternatives
- Health related information and benefits that may be of interest to you

## EXPLANATION OF YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

In most cases, you as the patient have the right to:

- View and copy your health and billing records.
- Amend your health record, if you believe it is inaccurate or missing important information.
- Ask for an accounting of times, if any, when we have disclosed your health information for reasons other than for treatment, payment or health care operations.
- Request certain restrictions on how we use and/or disclose your health information. We will notify you if we are unable to comply with your request.
- Specify the manner in which we communicate with you in order to keep your information confidential, for example communicate via e-mail or call you at a specified phone number.

## TO EXERCISE ANY OF THESE RIGHTS SIMPLY SUBMIT A REQUEST IN WRITING TO:

Privacy Officer  
PO Box 14005  
Orange, CA 92863-1405

Please note, a fee may be charged for the costs associated with copying, mailing, or other related expenses that we incur.

If you have received an electronic copy of this notice, we will provide you with a paper copy upon request or you may go to our website, [www.imagingpartnersoc.com](http://www.imagingpartnersoc.com), and print your own.

Changes to this notice may occur at any time and can apply to medical information we already hold as well as new information after the change occurs. Prior to any significant policy changes, we will post the notice in our office and on our web site at [www.imagingpartnersoc.com](http://www.imagingpartnersoc.com).

If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer by calling (714) 571-5000 or by writing to:

Privacy Officer  
PO Box 14005  
Orange, CA 92863-1405

You may also file a complaint with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

This notice is effective October 1, 2009.



BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED THE IMAGING PARTNERS OF ORANGE COUNTY NOTICE OF PRIVACY PRACTICES. I UNDERSTAND THAT I MAY ASK QUESTIONS ABOUT THE NOTICE OF PRIVACY PRACTICES AT ANY TIME.

Signature:

Print Name:

Date:

Version Effective October 1, 2009.