



**NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE OF NOTICE: April 14, 2003**

**THIS NOTICE DESCRIBES HOW YOUR PRIVATE MEDICAL INFORMATION MAY BE USED AND DISCLOSED BY OUR FACILITIES AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

(This notice is also available on our website: [www.renodiagnosticcenters.com](http://www.renodiagnosticcenters.com))

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This notice describes the type of information we gather about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is otherwise required by law, or permitted by law without your prior authorization.

If the practices described in this notice meet your expectations, there is nothing you need to do. If you prefer additional limitations on the use of your medical information, you may request them following the procedures outlined in this document.

*If you have any questions regarding this notice, please feel free to contact our Privacy Officer.*

The provision of this notice is required by the federal "Standards for Privacy of Individually Identifiable Health Information," 45 CFR Parts 160 and 164 ("the regulations"). These regulations also require that we make a good faith effort to obtain your written acknowledgment that you have received this Notice. For this reason, *you will be asked by our reception staff to sign an "Acknowledgment of Receipt of Notice of Privacy Practices."*

**Who Will Follow This Notice**

This notice describes practices of all of the persons and entities affiliated with Reno Diagnostic Centers (RDC) with regard to the use of your medical information and that of :

- any health care professional employed by RDC who is authorized to enter information into your chart or medical record.
- all departments and facilities operated by RDC.
- all employees, staff, and other personnel who may need access to your information.
- all RDC entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or operational purposes as described in this notice.

**Our Pledge Regarding Medical Information**

We understand that information about you and your health is personal. We also recognize the importance of protecting your medical information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by RDC, whether created by health care professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- maintain the confidentiality of any medical information that concerns your conditions or treatment, how your care is paid for, and demographic information, if such information can be used to identify you;
- give you this notice of our policies, procedures, and information privacy practices with respect to your medical information; and
- follow the terms of the notice that is currently in effect.

### **Nevada Law**

In addition to federal law, Nevada law places more stringent limitations on the disclosure and use of mental health information, genetic information, communicable disease information, and blood and urine testing. Other federal regulations place more stringent requirements on drug and alcohol abuse information. We shall comply with those more stringent restrictions.

### **How We May Use and Disclose Medical Information About You**

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures, we will try to give some examples. Not every use or disclosure in a category will be listed. In each category, we will make every effort to ensure that only the minimum necessary amount of information is used or disclosed in order to achieve the intended purpose.

**For Treatment:** We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other health care professionals whom are involved in your care. For example, a doctor treating you for a broken leg may need to know that you have diabetes because diabetes may slow the healing process. In addition, the doctor may tell a nurse or technician that you have diabetes to ensure that any medications administered are not contraindicated. Different health care professionals also may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work, and follow-up x-rays. We also may disclose medical information about you to people outside RDC whom may be involved in your medical care or that provide services that are a part of your care.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, your insurance company may need to know about a diagnostic exam you received so they will pay us or reimburse you for the exam. We may also use and disclose medical information about you to obtain prior approval or to determine whether your insurance will cover treatment, or to undertake other tasks related to seeking payment for services provided. We may also disclose medical information to another health care provider who is or has been involved in your treatment, so that that provider may seek payment for services rendered.

**For Business Operations Purposes:** We may use and disclose medical information about you for our operational purposes. This is necessary to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you, or to otherwise manage and operate our facilities effectively. We may also disclose information to doctors, nurses, technicians, training doctors, medical students, and other RDC personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study healthcare delivery without learning who the specific patients are.

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment at one of our facilities. In order to expedite the check-in process, we may also contact you prior to your appointment in order to notify you of any needed exam preparations and obtain and/or verify insurance, medical history, and other related information needed for your upcoming exam.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits and services we provide that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery rate of all patients who received one form of treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the needs research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information review does not leave our facilities. Otherwise, we will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

**As required by law:** We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Fundraising Activities:** From time to time, we may release medical information to healthcare fundraising organizations or foundations whom are affiliated with RDC or whom may provide services to RDC patients and families. In these rare instances, we would only release contact information, such as your name, address, and phone number. *If you do not wish RDC to contact you for fundraising efforts, you must notify our Privacy Officer in writing at the address provided.*

### **Special Situations**

**Military Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report suspected child abuse or neglect;
- to report reactions to medications or problems with products;

- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify appropriate government authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence;
- to maintain vital health records such as births or deaths.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the overall health care system, the conduct of government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** We may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from a court of law.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

**Coroners, Medical Examiners, and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.

**Protective Services for the President, National Security, and Intelligence Activities:** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations, or for intelligence, counterintelligence, and other national, security activities authorized by law.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Your Rights Regarding Your Medical Information**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

If you wish to inspect and copy medical information that may be used to make decisions about your care, you must submit your request in writing to our Privacy Officer at the address provided. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. In some circumstances, if you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional, chosen by RDC, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide an explanation which supports your request.

We may deny your request for an amendment if it is not in writing or does not include an explanation supporting the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the “designated record set” kept by RDC;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures:** You have a right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This accounting will not include routine disclosures; including those made to you or pursuant to your authorization, those made for treatment, payment, and operational purposes as discussed above, those made for national security and intelligence purposes, and those made to correctional institutions and law enforcement in compliance with local, state, and federal law.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be more than six (6) years prior to the date of the request and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request additional restriction or limitations on the medical information we use or disclose about you for treatment, payment, or operational purposes. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.

However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer at the address provided. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a specific way or at a certain location only. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. If complying with your request entails additional expense over our usual means of communication, we may ask that you reimburse us for those expenses.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

To obtain a paper copy of this notice, please inform a member of our staff during your visit, or you may contact our Privacy Officer.

### **Changes to This Notice**

Reno Diagnostic Centers reserves the right to change our policies and practices concerning the privacy of your medical information and this notice. We reserve the right to make the revised or changed notice effective for medical information we already have as well as any information we receive in the future. We will always post a copy of the current notice in the lobby of our business office and in the reception areas of both our Eureka and Sierra Rose locations. The effective date of the notice will be located on the first page. The current notice will also be available on our website at: [www.renodiagnosticcenters.com](http://www.renodiagnosticcenters.com)

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Reno Diagnostic Centers or with the Secretary of the Department of Health and Human Services. For more information on how to file a complaint with Reno Diagnostic Centers, please contact our Privacy Officer at the address and telephone number provided. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter we will no longer use or disclose medical information about you for the reasons covered by your prior written authorization. You understand that we are unable to take any disclosures we have already made with your permission, and that we are required to retain our records of the care we provide to you.

### **Request Forms**

For your convenience, we have forms available which you may use to make many of the requests regarding your health information addressed within this notice. To request a specific form or if you have any questions regarding this notice, please contact our Privacy Officer at the address and telephone number provided below.

### **PRIVACY OFFICER CONTACT INFORMATION**

**Mark Gallegos**  
**Privacy Officer**

**Reno Diagnostic Centers**  
**590 Eureka Avenue**  
**Reno, NV 89512**  
**(775) 323 5083 ext. 243**  
**Fax: (775) 323 2193**  
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Thank you for choosing Reno Diagnostic Centers!

