



Notice of Privacy Practices

For Inview Imaging & Affiliate Imaging Providers

SUMMARY OF NOTICE

During the course of receiving imaging services or treatment at our facilities, you will be providing us with certain personal information, such as medical history, demographic and contact information, and insurance details. We may also gather relevant medical information from your referring physician, other healthcare providers, or your health plan. We refer to this personal information as “protected health information” or PHI.

We understand protected health information is personal and confidential, and we are committed to safeguarding your PHI in accordance with all applicable state and federal laws and regulations. This Notice will tell you about the ways Inview Imaging and its affiliated entities may use and disclose your PHI and how it is protected. Please read the information carefully

YOUR HEALTH INFORMATION RIGHTS

As a patient with Inview Imaging or its affiliated locations, you have the right to:

- Request a restriction on certain uses and disclosures of your protected health information for treatment, payment or healthcare operations. You also have the right to request restrictions on certain disclosures to persons, such as family members involved with your care or the payment for your care. However, please note we are not required to agree to these requests and may elect to refuse treatment under certain circumstances.
- Obtain a copy of this Notice of Privacy Practices upon request. You may request a paper copy of this Notice, in person, at any of our offices. You also may obtain a copy of this Notice from our website at www.inviewimaging.com.
- Inspect and request a copy of your health record as provided by law.
- Request that we amend your health record as provided by law. We will attempt to notify you if we are unable to grant your request.
- Obtain an accounting of certain disclosures of your protected health information as provided by law.
- Revoke your authorization to use or disclose your protected health information except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this Notice by providing a written request to our HIPAA Compliance Privacy Officer at 3450 Hillcrest Avenue, Antioch, CA 94531.

OUR RESPONSIBILITIES

We are responsible for the following:

- Maintain the privacy of your PHI as required by law.
- Provide you with a Notice as to our legal duties and privacy practices with respect to PHI we maintain about you.
- Abide by the terms of our Notice of Privacy Practices currently in effect.
- We reserve the right to change our privacy practices and to make changes effective for all PHI we maintain, including information created or received before the change. Should our privacy practices change, we are not required to notify you, but you may request copies of the revised Notice in person at each of our locations and on our website.

AUTHORIZED USE AND DISCLOSE OF YOUR PHI

Generally, we may not use or disclose your protected health information without your written authorization. However, in certain circumstances, we are permitted to use or disclose your PHI without your written authorization. The categories listed below describe different ways that we may use and disclose your PHI without your written authorization:

- **Treatment.** We may use and disclose your PHI to furnish services to you, in accordance with our policies and procedures. We may also disclose your PHI to other healthcare providers to assist in treating you and to ensure continuity of care.
- **Payment.** We may use and disclose your PHI to bill for our services and to collect payment from you or your insurance company. We also may need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

- **Healthcare Operations & Compliance.** We may use and disclose your PHI for the general operation of our business, such as for quality improvement initiatives and accreditation, or to comply with healthcare regulatory requirements, judicial order, or government agency or law enforcement information request.
- **Business Associates.** We sometimes work with outside individuals and businesses who help us operate our business successfully. We may disclose your PHI to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee that they will respect the confidentiality of your PHI.
- **Research & Development.** We may disclose anonymized healthcare information, such as deidentified medical images, for the purpose of research, development or other scientific purposes, as permitted by law. This information shall be used and disclosed only after all personal identifying information has been removed.
- **To Avert a Serious Threat to Health or Safety.** Consistent with applicable law, we may use and disclose your health information when we believe it is 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 or lessen the threat or to law enforcement authorities.
- **We may use or disclose your PHI for any reason permitted or required by federal, state or local law, even if it does not fall into one of the categories described above.**

FILING A COMPLAINT OR QUESTIONS

If you are concerned that Inview Imaging has violated your privacy rights, or if you have any privacy related questions, you may contact our Privacy Officer in writing by email or regular mail:

Inview Imaging
 Attention: Privacy Officer
 3450 Hillcrest Avenue, Antioch, CA 94531

Email: info@inviewimaging.com
 Subject: Attention Privacy Officer

ACKNOWLEDGMENT OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt and understanding of Inview Imaging's Notice of Privacy Practices.

 Patient Name

 Patient / Guarantor / Responsible Party Signature

 Date

If signed by someone other than the patient, relationship: _____

For Office Use Only:

We could not obtain written acknowledgment of our Notice of Privacy Practices because:
