

Notice of Privacy Practices
Newport Doctors Medical Imaging
401 Old Newport Blvd, #201
Newport Beach, Ca. 92663
(949) 999-2950

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.

Web Site Privacy Statement

Use and disclosure of health information includes using the information to provide treatment to the individual, and to conduct ongoing quality improvement activities. Our use and disclosure of an individual's personal information (including health information) is limited as required by state and federal law. We do not sell or rent personal information about visitors to this site or customers who use the site.

This Web site has security measures in place to help protect against the loss, misuse, or alteration of information under our control. These measures include encryption of data using a secured messaging service when we send you personal information electronically. Despite these measures, the confidentiality of any communication or material transmitted to or from us via this site by Internet or e-mail cannot be guaranteed. At your discretion, you may contact us at the mailing address or telephone number listed in the "Complaints" section at the end of this Privacy Statement.

How Newport Doctors Medical Imaging Practice May Use or Disclose Your Health Information

Newport Doctors Medical Imaging collects health information about you and stores it in a chart and or on a computer. This is your medical record. The medical record is the property of Newport Doctors Medical Imaging, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment

We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. We may also share this information with other imaging centers, laboratories that provide tests on you, or to family members and others who can help you when you are sick or injured.

2. Payment

We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to your health care providers to assist them in obtaining payment for service they have provided to you.

3. Health Care Operations

We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our “business associates,” such as our billing service that performs administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information . Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan prohibited from redistributing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health and reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. Appointment Reminders

We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your machine or in a message left with the person answering the phone.

5. Sign In Sheet

We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also callout your name when we are ready to see you.

6. Notifications and Communication With Family

We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate there notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing

We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatment or health related benefits and services that may be of interest to you or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. If we receive any payment for these communications (other than those to current health plan enrollees to describe 1. a providers participation in the health plan's network, 2. the extent of covered benefits, or 3. concerning the availability of more cost-effective pharmaceuticals), we will not make them unless you have a chronic or seriously debilitating or life-threatening condition, we will tell you who is paying us, and we will also tell you how to stop them if you prefer not to receive them. We will not otherwise use or disclose your medical information for marketing purposes without your written consent.

8. Required by Law

As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

9. Public Health

We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medication; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk or serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

10. Health Oversight Activities

We may and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

11. Judicial and Administrative Proceedings

We may, and are sometimes required by law to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

12. Law Enforcement

We may, and are sometimes required by law, to disclose your health information to a law enforcement official for the purposes such as identifying of location a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

13. Coroners

We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

14. Organ or Tissue Donation

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

15. Public Safety

We may and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

16. Specialized government Functions

We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

17. Worker's Compensation

We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent of your care that is covered by worker's compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

18. Change of Ownership

In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

When Newport Doctors Medical Imaging May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you without your written consent. If you do consent that Newport Doctors Medical Imaging may use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your Health Information Rights

1. Right to Request Special Privacy Protections

You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitation on our use and disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.

2. Right to Request Confidential Communications

You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy

You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California and federal law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

4. Right to Amend or Supplement

You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about Newport Doctors Medical Imaging's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

5. Right to An Accounting of Disclosures

You have a right to receive an accounting of disclosures of your health information made by Newport Doctors Medical Imaging, except that Newport Doctors Medical Imaging does not have to account for the disclosure provided to you or pursuant to your written authorization, or as described in paragraphs 1 (Treatment), 2 (Payment), 3 (Health Care Operations), 6 (Notification and communication with family) and 16 (Specialized Government Functions) of Section 1 of this Notice of Privacy Practices or disclosures for

purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent Newport Doctors Medical Imaging has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. Right to a Paper Copy of This Notice

You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise on or more of these rights, contact a member of our staff.

Changes to This Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy available for you at each appointment.

Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Office Manager or a member of our staff at:

Newport Doctors Medical Imaging
401 Old Newport Blvd, #201
Newport Beach, California 92663
(949) 999-2950

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint :

Department of Health & Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

You will not be penalized for filing a complaint.