

DESERT PEAK IMAGING
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.**

Protected health information (PHI)

PHI refers to any patient information relating to treatment, diagnosis or payment that identifies a person.

PHI Uses and disclosures

Uses and disclosures of your PHI may be permitted, required or authorized. Desert Peak Imaging uses PHI when employees within the organization share, examine or analyze a patient's medical information.

Desert Peak Imaging discloses PHI upon release, transfer or granting of access of PHI to other external persons or facilities.

Except for the following circumstances, Desert Peak Imaging will not release your PHI without your written authorization:

Payment

Your PHI will be used and/or disclosed, as needed, to help obtain payment for your services. These uses are often required to obtain payment from third parties such as your insurance company.

A third party may include an insurance company, or in the case of pre-employment evaluations, your employer, if the services are being paid for by your employer.

Many services require prior authorization from the insurance company, and your PHI may be disclosed to obtain insurance authorization for such services before they are rendered.

Health Care Operations

Your PHI may be used and/or disclosed, as needed, to aid in the everyday administration of Desert Peak Imaging.

In order to provide you and your family with quality care, Desert Peak Imaging may use your PHI for quality control reviews, internal investigations, performance reviews, patient safety activities, training of new employees, and for other health-related activities as defined by 45 CFR 164.50. Desert Peak Imaging may also use and/or disclose your PHI to provide information to you.

Treatment

Desert Peak Imaging will use and/or disclose your PHI to provide medical services, coordinate medical care, and/or help manage your health care and other medical services. Desert Peak Imaging may also disclose PHI to external persons or facilities that will be involved in your medical care. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this facility.

Continuation of Treatment

Desert Peak Imaging may use and/or disclose your PHI to ensure continuation of care by checking on your progress or notifying you of received test results.

Treatment Options

Desert Peak Imaging may use and/or disclose your PHI to inform you of various treatment options or programs that may be of benefit to your care.

Business Associates

Certain aspects and components of our services may be performed through contracts with outside persons or organizations, such as auditing, billing, legal services, etc.

At times, it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our Health Care Operations.

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These uses or disclosures will only occur after performing due diligence to ensure that the business associate is meeting all statutory and contractual requirements.

Other permitted / required uses and disclosures

Desert Peak Imaging may use and/or disclose your PHI in the following situations without your authorization:

- The Department of Health, to report communicable diseases, traumatic injuries, or birth defects, or for vital statistics, such as a baby’s birth.
- State authorities, to report child or elderly abuse.
- The appropriate governmental agency, if an injury or unexpected death occurs at a Desert Peak Imaging facility.
- Law enforcement, for certain types of crime-related injuries
- Certain governmental inspectors
- Military command authorities or the Department of Veterans Affairs, when we treat patients who are in the military or are veterans.
- A medical device’s manufacturer, as required by the FDA.
- Court officers, as required by law, in response to a court order or a valid subpoena.
- Governmental authorities, to prevent serious threats to the public’s health or safety.
- Governmental agencies and other affected parties, to report a breach of health-information privacy.
- A worker’s compensation program, if a person is injured at work and claims benefits under that program.
- As otherwise required by federal, state, or local law

Desert Peak Imaging may use and/or disclose your PHI with your authorization in certain situations. You have the opportunity to authorize or object to the use and/or disclosure of all, or part, of your PHI in the following situations:

Emergencies

If an emergent situation exists where it is impossible to obtain your consent for PHI uses and/or disclosures, Desert Peak Imaging will make every effort to obtain consent once the emergent situation is resolved.

Sign-In Sheets/Software

Desert Peak Imaging utilizes a sign-in sheet or related software to help employees determine who is to be seen and in what order they will be seen. Once your information is retrieved by a Desert Peak Imaging employee, your PHI will be removed from the sign-in sheet.

If you object to leaving your PHI on the sign-in sheet or applicable software application, please inform a Desert Peak Imaging employee.

Other Persons Involved in Your Care

Desert Peak Imaging may disclose your PHI to notify a family member or another responsible person of your care or condition. You will be given the opportunity to agree or object to the disclosure of this PHI before we will communicate with other persons involved in your care.

Deceased Individuals

Desert Peak Imaging may disclose a decedent's PHI related to the recent illness and care to family members and others who were involved in the care or payment for the decedent prior to death, unless doing so is inconsistent with any prior express preference of the individual that is known to the covered entity.

Your Authorizations

Other uses or disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. For example, in most cases, we will obtain your authorization before we disclose psychotherapy notes related to you. We will never sell your PHI unless you have authorized us to do so.

If you authorize Desert Peak Imaging to use or disclose PHI about you, you may revoke that permission in writing at any time and we will no longer use or disclose PHI about you for the reasons covered by your authorization.

Please understand that we are unable to take back any uses or disclosures we have already made with your permission and that we are required to retain our records of the medical treatment or other services we have provided to you.

Your Health Information Rights

You may:

- Inspect and obtain a copy of your medical or billing records (including an electronic copy if we maintain the records electronically), as allowed by law, usually within 30 days of your written request.
- Request and receive a paper copy of our current Notice of Privacy Practices.
- Require us to communicate with you using an alternate address or phone number.
- Require that we not send information about a healthcare service or related item to your health plan.
- Request in writing that restrictions be placed on how your health information is used or shared for treatment or other purposes.
- Request an accounting of when your identifiable health information is shared outside of Desert Peak Imaging for a purpose other than treatment or payment.
- Receive notice if we or our business associates have breached the confidentiality of your health information, which will include information regarding the actions Desert Peak Imaging has undertaken to minimize any impact such breach may or could have on you and/or your information.
- Report a privacy concern and be assured that we will investigate your concern thoroughly, support you appropriately, and not retaliate against you in any way. You may also send a written complaint directly to the

Department of Health and Human Services (HHS) by using its Health Information Privacy Complaint Package. If you have questions regarding how to file a complaint with HHS you may contact the agency via email at OCRM@hhs.gov or visit the HHS website at www.hhs.gov.

- Request in writing that your health information be amended if you think there is an error.

Changes To This Notice

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and include the effective date. In addition, each time you register at or are admitted to the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.