



September 2023

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

This notice of privacy practices describes how we may use and disclose your protected health information (PHI) to carry out your healthcare imaging services, payments or other purposes that are permitted or required by law.

This notice of privacy practices also describes Your Rights in regards to your protected health information.

PLEASE REVIEW IT CAREFULLY. THANK YOU FOR CHOOSING THE **IMAGING CENTER OF GRAND RAPIDS** FOR YOUR HEALTHCARE IMAGING NEEDS.

1. Our Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: We can use and share your health information to bill and get payment from health plans or other entities.

Run our organization: We may use or disclose your protected health information in order to support the operations of our organization. For example, we may call you by name in the waiting room; we may use or disclose your protected health information to contact you to remind you of your appointment.

Required Uses and Disclosures: We may use or disclose your protected health information in the following situations without authorization including: As Required by Law, Public Health issues as required by law, Communicable Disease, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research or Criminal Activity: Military Activity and National Security Inmates.

2. Your Rights

You have the right to obtain an electronic or paper copy of your medical record we have about you. We will provide a copy or a summary of your health information, usually within 15 days of your request submitted in writing. Ask us how to do this.

You have the right to request restrictions to the disclosures of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for one or more of the specific purposes mentioned above. We are not required to agree to your request, and we may say no if it would affect your care or if we are required by law to share that information. Your request must be submitted in writing and state the specific personal health information and purpose/use of disclosure you would like to restrict.

You have the right to use another healthcare facility.

You have the right to request that you receive confidential communications from us by specific routes of communication.

You have the right to obtain a paper copy of this notice from us upon request.



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You have the right to request, in writing, an accounting of certain disclosures we have made, if any, of your protected health information.

3. Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We must follow the duties and privacy practices described in this notice, with respect to our patient's protected health information.

We will not use or share your information other than as described here, unless you give us written permission.

We will let you know promptly if any breach occurs that may have compromised the privacy or security of your information. It is important that you update us with any changes in your contact information so that we may reach you in this event.

We reserve the right to change the terms of this notice and will inform our patients via our website and we will maintain the most up to date version onsite for our patient's to review.

4. Complaints

If you feel that we have violated your rights, please let us know by contacting our Center Director by phone (616) 980-9050 or by sending a letter to The Imaging Center 1625 Leonard ST NE, STE C. Grand Rapids, MI 49505.

You can file a complaint with the DHHS Office: Visit www.hhs.gov/hipaa/filing-a-complaint

We will not retaliate against you for filing a complaint.

If you have any objections to this form, please ask to speak with our Center Director in person at The Imaging Center of Grand Rapids or by phone at (616) 980-9050.