

PATIENT PRIVACY NOTICE

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.

If you have any questions about this notice, please contact the Director Operations at: 405.470.3223

I. Who will follow this notice:

This notice describes our office's practices and that of: Any health care professional authorized to enter information into your file or record.

All employees, staff and other personnel

II. Our pledge regarding medical information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our practice. 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.

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

III. We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to protected medical information about you.
- Follow the terms of the notice that is currently in effect.

IV. How we may use and disclose your medical information:

The following categories describe different ways that we use and disclose protected medical information. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Category 1 For Treatment:

We may use protected medical information about you to provide you with medical treatment or services. We may disclose protected medical information about you to doctors, nurses, technicians, medical students, pharmacists, or other personnel who are involved in taking care of you. Different departments of our practice may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected medical information about you to people outside the practice who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.

Category 2 For Payment:

We may use and disclose protected 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. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may use and disclose your information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may need to use your information to bill you directly for services and items.

Category 3 For Appointment Reminders:

We may use and disclose protected medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Category 4 As Required by Law:

We will disclose protected medical information about you when required to do so by federal, state or local law. Special Circumstances as follows:

Organ and Tissue Donation, Military, Workers' Compensation, Public Health Risks, audits, investigations, inspections and licensure, response to a law enforcement request.

Category 5 To Avert a Serious Threat to Health or Safety:

We may disclose and use protected 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 to help prevent the threat.

Patient Rights Regarding Medical Information

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

- Right to inspect and copy medical and billing records with written request to our office. We may charge \$5.00 per disc for images.
- Right to amend any incorrect medical information, originally created by us, with written request, to our office accompanied by supporting documentation for amendment.
- Right to request, in writing to our office, an accounting of disclosures that we have made of your medical information on any date after April 14, 2015.
- Right to request in writing to our office, restrictions as to whom may receive your protected medical information when they may be involved in your care or the payment of your care. We are not required to agree to your request. If we do, we will comply with your request unless the information is needed to provide you emergency treatment.
- Right to request, in writing to our office, confidential communications about you in a certain way or at a certain location.
- Right to a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We will post a copy of this changed notice in our office. The notice will contain the new effective date on the first page of the notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Director of Operations, in writing at:

Vantage Diagnostic Imaging Hefner, 3400 W. Hefner Rd.

Oklahoma City, OK 73120

Vantage Diagnostic Imaging, 3750 W. Robinson Ste. 130,

Norman, OK 73072

Vantage Diagnostic Imaging, 111 Harrison Ave. #104, OKC, OK 73104

Vantage Diagnostic Imaging, 3300 Chandler Rd. #106 Muskogee, OK 74403

Effective Date: April 14, 2015, Revised 11/15/2024