

# **Notice of Privacy Practices**

**Bay Imaging Consultants Medical Group, Inc.**

and

**the following Affiliated Covered Entities:**

**Alta CT Services, John Muir MRI, Contra Costa Imaging Center,  
Magnetic Imaging Affiliates**

**This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information.** Protected Health Information (PHI) is information about you, including demographic information that may identify you and that relates to your past, present or future health or condition. You will be asked to acknowledge receipt of this notice. This notice will be effective for all protected health information that we maintain at this time.

## **Uses and Disclosures of Protected Health Information (PHI)**

The following are examples of the types of uses and disclosures that we and our affiliated entities described above are permitted to make without your further consent to disclosure of your PHI. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

### **Disclosure at Your Request**

We may disclose information when requested by you to do so, but we may require a written authorization from you.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that may also provide you with their Notice of Privacy Practices. We will disclose your PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI 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. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may require before it approves or pays for the health care services that have been requested by your physician (e.g., making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities). We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**HealthCare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our company and our affiliates. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate the name of your physician. We may also call you by name in the waiting room when we are ready for you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We will share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services, medical record storage duties) for us and our affiliates. Whenever an arrangement between our company or affiliate and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

### **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples of business associates include hospitals, accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your medical information to our business associates so that they can perform the job we have asked them to do. We require our business associates to sign a contract or written agreement stating they will appropriately safeguard your medical information.

### **Appointment Reminders**

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

### **Individuals Involved in Your Care or Payment for Your Care**

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the emergency department, either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

**Disclosures to parents as personal representatives of minors:** In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted or even required by law to deny your access to your minor child's PHI. An example of when we must deny such access, based on the type of health care, is when a minor who is 12 or older seeks care for a communicable disease or condition. Another situation when we must deny access to parents is when minors have adult rights to make their own health care decisions. These minors include, for example, minors who were or are married or who have a declaration of emancipation from a court.

## **Uses and Disclosures of Protected Health Information (PHI) based upon Your Written Authorization or Opportunity to Object**

Other uses and disclosures of your PHI will be made only with your written authorization, unless permitted or required by law as described below. You may revoke this authorization at any time, in writing. In the case of an emergency, or when there is a communication barrier, we may use our professional judgement to determine if you would intend to allow the use or disclosure under the circumstances. You have the opportunity to agree or

object to the use or disclosure of all or part of your PHI. If you are not available or able to agree or object to the use or disclosure of your PHI, we may, using professional judgement, determine whether the disclosure is in your best interest, within the extent of the law.

## **Other Permitted and Required Uses and Disclosures that may be made without your Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your authorization or opportunity to object:

### **SPECIAL SITUATIONS**

**To Avert a Serious Threat to Health or Safety** We may use and disclose 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 able to help prevent the threat.

**Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable recalls; or to make repairs or replacements, as required.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include 1) legal processes, 2) limited information requests for identification and location purposes, 3) processes pertaining to victims of a crime, 4) where a suspicion that death or injury has occurred as a result of criminal conduct, 5) in the event that a crime occurs on the premises of our affiliated offices, and 6) where there is a medical emergency (not on these premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel 1) for activities deemed necessary by appropriate military command authorities; 2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or 3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established benefit programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and for any instances required by the Health and Human Services Department for investigation to determine our compliance with the requirements of Section 164.500 et.seq.

### **Minimum Necessary**

To the extent required by law, when using or disclosing your medical information or when requesting medical information from another covered entity, we will make reasonable efforts not to use, disclose, or request more than a limited data set (as defined below) of your medical information or, if needed by us, no more than the minimum amount of medical information necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations. For purposes of this Notice, a "limited data set" means medical information that excludes all of the following items: names; postal address information other than town or city, state, and zip code; telephone numbers; fax numbers; email addresses; Social Security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

## **Your Rights**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your PHI:** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and we use for making decisions about you. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative actions or proceeding, and PHI

that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. A form is available at this facility to request an inspection or copy of your PHI. Please ask our staff to contact the person who handles privacy concerns for our facility if you have questions or concerns.

**You have the right to request a restriction of your PHI:** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We *ARE NOT REQUIRED* to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. A form is available at this facility to request a restriction of your PHI. Please ask our staff to contact the person who handles privacy concerns for our facility if you have questions or concerns.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location:** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. A form is available at this facility to request alternative means or locations to receive confidential communications. Please ask our staff to contact the person who handles privacy concerns for our facility if you have questions or concerns.

**You may have the right to have us amend your PHI.** This means you may request that your PHI be amended in a specified way for as long as we maintain this information. In certain cases, we may *DENY* your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. A form is available at this facility to request amendments to your PHI. Please ask our staff to contact the person who handles privacy concerns for our facility if you have questions or concerns.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. A form is available at this facility to request an accounting of your PHI disclosures we have made. Please ask our staff to contact the person who handles privacy concerns for our facility if you have questions or concerns.

#### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential or alternative communications, you must make your request in writing at the time of admission or registration. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**You have the right to obtain a paper copy of this notice,** upon request, even if you have agreed to accept this notice electronically.

#### **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by contacting our Privacy Officer through our Patient Confidentiality Voice Mail Box at (925)296-7199, Ext. 888 or email address [complianceofficer@bmmi.net](mailto:complianceofficer@bmmi.net).

- Secretary of Department of Health and Human Services:

Director, Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW – Room 506-F  
Washington, D.C. 20201  
(202) 619-0403

Director, Office for Civil Rights  
U.S. Department of Health & Human Services  
50 United Nations Plaza – Room 322  
San Francisco, CA 94103  
(415) 437-8310

#### **CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the revised or changed Notice of Privacy Practices effective for your medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice of Privacy Practices with the current date in the listed entities.

This notice was published and becomes effective on July 1, 2003. Revision date on September 23, 2013.

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