

Your Information. Your Rights. Our Responsibilities

We learn about you as we care for your health. Some of what we learn becomes part of your health information. We work hard to protect the privacy of your health information and we have rules for our employees on how to manage this information. This Notice of Privacy Practices describes how your health information may be used and disclosed by our office and how you may access and control your health information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

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| COPY OF MEDICAL RECORD | Receive an electronic or paper copy of your medical record. |
| | <ul style="list-style-type: none"> You can make a request in writing to see or copy an electronic or paper copy of your medical record and other health information we have about you, except for information protected by law. Ask us how to do this. |
| | <ul style="list-style-type: none"> We will provide a copy or a summary of your health information within a reasonable time. There also may be a reasonable charge for copies. |
| REQUEST TO AMEND MEDICAL RECORD | Ask us to correct your medical record. |
| | <ul style="list-style-type: none"> You can request in writing to correct health information about you that you think is incorrect or incomplete in your medical record if Consulting Radiologists, Ltd was the originator of the information. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days. If your request is denied, you may write a statement of disagreement with the denial that we will keep with your health information. |
| REQUEST CONFIDENTIAL COMMUNICATIONS | Request for us to contact you confidentially |
| | <ul style="list-style-type: none"> You can request in writing to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests. |
| REQUEST TO LIMIT USE/SHARING OF TPO | Ask us to limit what we use or share |
| | <ul style="list-style-type: none"> You can make a request in writing not to use or share certain health information for treatment, payment, or our operations (TPO). We are not required to agree to your request, and we may say “no” if it would affect your care. 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. |
| ACCOUNTING OF DISCLOSURES | Get a list of those with whom we’ve shared information |
| | <ul style="list-style-type: none"> You can request in writing for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. |

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| | <ul style="list-style-type: none"> We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). |
| COPY OF THIS PRIVACY POLICY | Get a copy of this privacy notice. |
| | <ul style="list-style-type: none"> You can request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. |
| FILE A COMPLAINT | File a complaint if you feel your rights are violated |
| | <ul style="list-style-type: none"> You can file a complaint if you feel we have violated your rights by contacting our Privacy Official using the information listed under Other Instructions for Notice section. |
| | <ul style="list-style-type: none"> You can file a complaint with the U. S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S. W., Washington, D.C., 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. |
| | <ul style="list-style-type: none"> We will not retaliate against you for filing a complaint. |
| Your Choices | |
| REQUEST US NOT TO SHARE | For certain health information, you can tell us your choices about what we share. |
| | <ul style="list-style-type: none"> If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us NOT to: |
| | <ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care. |
| | <ul style="list-style-type: none"> Share information in a disaster relief situation. |
| | <ul style="list-style-type: none"> If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. |
| WILL NEVER SHARE WITHOUT PERMISSION | In these cases, we never share your information unless you give us written permission: |
| | <ul style="list-style-type: none"> Marketing purposes |
| | <ul style="list-style-type: none"> Sale of your information |
| FUNDRAISING | In the case of fundraising: |
| | <ul style="list-style-type: none"> We may contact you for fundraising efforts, but you can tell us not to contact you again. |
| Our Uses and Disclosures | |
| USES & DISCLOSURES FOR TPO | How do we typically use or share your health information? |
| | <ul style="list-style-type: none"> Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice. |

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| | <p>Treatment</p> <ul style="list-style-type: none"> We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. |
| | <p>Healthcare Operations</p> <ul style="list-style-type: none"> We may use or disclose, as needed, your protected health information in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities. We will share your protected health information with third party “business associates” that perform various activities for our practice. Whenever an arrangement between our office and a business associate involves the use and disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. |
| | <p>Payment</p> <ul style="list-style-type: none"> Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. |
| OTHER USES AND DISCLOSURES | <ul style="list-style-type: none"> There may be special circumstances when sharing medical information is required. Disclosures or use of information in special circumstances includes: when required by law; for public health activities; Food and Drug Administration; relating to victims of abuse/neglect/domestic violence; for health oversight activities; for judicial and administrative proceedings to the extent permitted by law; for law enforcement purposes, as permitted or required by law; to coroners/medical examiners/funeral directors, as permitted by law; for organ donation purposes; for research purposes under certain circumstances; to avert a serious threat to health or safety; for certain specialized government functions, such as military discharge and national security and intelligence; and for workers’ compensation purposes. |
| Our Responsibilities | |
| MAINTAIN PRIVACY & SECURITY | We are required by law to maintain the privacy and security of your protected health information. |
| INFORM OF BREACH | We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. |
| FOLLOW NOTICE PRACTICES | We must follow the duties and privacy practices described in this notice and give you a copy of it. |
| | We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. |
| | For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html . |

| Changes to the Terms of this Notice | |
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| CHANGES TO THE TERMS OF NOTICE | We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. |
| Other Instructions for Notice | |
| EFFECTIVE DATE | 12/2024 |
| NAME AND CONTACT OF PRIVACY OFFICIAL | CRL Privacy Officer, 7595 Anagram Drive, Eden Prairie, MN 55344, 952-285-3715 or hipaaprivacy.officer@crlmed.com |
| LIST OF ENTITIES COVERD BY THE NOTICE | Organizations Covered by this Notice: <ul style="list-style-type: none"> • CRL Imaging Southdale |