

Your Information. Your Rights. Our Responsibilities	
<p>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.</p> <p>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 from Consulting Radiologists, Ltd. 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 and billing for that care that are generated or maintained by Consulting Radiologists, Ltd, whether made by Consulting Radiologist, Ltd personnel or other health care providers.</p>	
Your Rights	
<p>When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.</p>	
COPY OF MEDICAL RECORD	<p>Receive an electronic or paper copy of your medical record.</p>
	<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	<p>Ask us to correct your medical record.</p>
	<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	<p>Request for us to contact you confidentially</p>
	<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	<p>Ask us to limit what we use or share</p>
	<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.
<p>Get a list of those with whom we’ve shared information</p>	

ACCOUNTING OF DISCLOSURES	<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.
	<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.
	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	How do we typically use or share your health information?
	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.
	Treatment

- 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.

Healthcare Operations

- We may use or disclose, as needed, your protected health information in order to run our business/practice, improve your care, and contact you when necessary. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, 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.

Payment

- 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.

How else can we use or share your health information?

There may be special circumstances when sharing medical information is required. Disclosures or use of information in special circumstances includes:

Appointment Reminders and Other Healthcare Communication: At times, we may contact you to set up or remind you about future appointments, provide information about treatments and health--related benefits or services that may be of interest to you.

Health Information Exchange: We may make your protected health information available electronically through an electronic health information exchange to other health care providers that request your information for their treatment purposes. In all cases, the requesting provider must have or have had a treating relationship with you.

When required by law: we will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see we are complying with federal privacy law.

For public health activities: we can share health information about you for certain situations such as- preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, and/or preventing or reducing a serious threat to anyone’s health or safety.

Research: We can use or share your information for health research.

Organ and Tissue donation requests: We can share health information about you with organ procurement organizations.

	<p>Medical Examiner or Funeral Director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</p> <p>Workers’ Compensation, Law Enforcement and other government requests: We can use or share health information about your for workers compensation claims; For law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; For special government functions such as military, national security, and presidential protective services</p> <p>Lawsuits and Legal Actions: We can share information about you in response to a court or administrative order, or in response to a subpoena.</p>
OTHER USES	Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law. If you authorize us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to Consulting Radiologists, Ltd. Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you previously had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.
Our Responsibilities	
MAINTAIN PRIVACY & SECURITY	Consulting Radiologists, Ltd is required by law to maintain the privacy of your protected health information (“PHI”), provide you with this notice of our legal duties and privacy practices, and abide by the terms of this notice.
INFORM OF BREACH	We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.
Changes to the Terms of this Notice	
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	02/2026
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 • CRL Women’s Imaging
MORE INFORMATION	For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html .