

under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or official for certain purposes. This type of disclosure is necessary for the following reasons:

- a. To insure that the correctional institution will provide you with healthcare;
- b. To protect your own health and safety;
- c. To protect the health and safety of others, and/or
- d. For the safety and security of the correctional institution.

13. Workers' Compensation:

We may use or disclose your protected health information to comply with laws and regulations relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries and/or illnesses.

14. Marketing:

We may contact you to give you information about product or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information for marketing purposes without your written authorization.

15. Treatment Alternatives and Health-Related Benefits and Services:

We may use or disclose your protected health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. This may include telling you about:

- a. Treatments
- b. Services
- c. Products
- d. Health Care Providers
- e. Special Programs
- f. Nutritional Services

16. Business Associates:

We may disclose your protected health information to our business associates under a Business Associate Agreement. Some of these business associates may include, for example:

- a. Answering Service
- b. Engineering and Technical Services
- c. Accounting Services
- d. Attorney/Legal Services

3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization. Under any circumstances other than those listed above, we will request that you provide us with a written authorization before we use and disclose your protected health information to anyone.

If you sign an authorization allowing us to disclose protected health information about you in a specific situation, you can later revoke (cancel) your authorization in writing.

If you cancel your authorization in writing, we will not disclose your protected health information about you **after** we receive your cancellation, except for disclosures which were already being processed or made before we received your cancellation.

4. Your rights regarding Protected Health Information:

a. The Right to Access Your Personal Protected Health Information:

Upon written request, you have the right to inspect and obtain a copy of your medical/protected health information except under certain limited circumstances. Under state law, if we made a copy of your medical record we will not charge more than is permitted by the current rate allowed by state law for copies. We may also charge you a reasonable fee for x-rays, mailings and other supplies related to this request. You should submit your written request to access your health information to our Privacy Officer who is listed in this notice. We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to your medical protected health information, in some cases you will have the right to request a review of this denial.

b. The right to request restrictions on certain uses and disclosures of protected health information. *Robert D. Russo, MD and Associates Radiology, P.C.* is not required to agree to a requested restriction however. You must tell us what information you want restricted, to whom you want the information restricted and whether you want to limit our use, disclosure or both.

c. The right to an Accounting of Disclosures: You have the right to request an accounting (a report) of certain disclosures of your protected health information. You may ask for disclosures made up to six years before your request (but not including disclosures made prior to April 14, 2003. This is a listing of disclosures made by us or by others on our behalf. We are not required to include disclosures:

- a. made for treatment;
- b. made for billing or collection of payment for your treatment;
- c. made directly to you, that you authorized, or those which are made to individuals involved in your care;
- d. allowed by law when the use or disclosure relates to certain government functions or in other law enforcement custodial situations, and/or;
- e. made in the process of our healthcare operations.

Your must submit your request for an accounting of disclosures in writing to the Privacy Officer who is listed in this Notice. You must state the time period for which you would like the accounting. The accounting will include the disclosure date, the

name, address (if known) of the person or entity that received the information, a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. If you request a listing of disclosures more than once within a 12-month period, we will charge you a reasonable fee for the accounting. The first accounting, within a 12-month period, is provided to you at no charge. We will inform you of the costs involved in the event that you wish to withdraw your request.

d. The right to receive confidential communications of protected health information as applicable. You should submit your written request for Confidential Communications to our Privacy Officer who is listed in this Notice. You must tell us how and where you want to be contacted.

e. The right to amend protected health information, as provided in the Privacy Regulation. You have the right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information inaccurate or incomplete. We are not required to change your health information, and will provide you with information about the practices denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is.

f. The right to have a copy of our Notice of Privacy Practices.

5. *Robert D. Russo, MD and Associates Radiology, P.C.* reserves the right to change the terms of this Notice. If we make changes we will:

- a. Post the revised Notice in our offices, which will contain the new effective date.
- b. Make copies of the revised Notice available to you upon request (either at our offices or through the contact person listed in this Notice).

6. Individuals may file a complaint with *Robert D. Russo, MD and Associates Radiology, P.C.*, without fear of retaliation by the organization.

- a. To: Privacy Officer, at 2660 Main Street, Bridgeport, CT 06606
- b. To file a complaint with the government, you may contact:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F
Washington, D.C. 20201



Robert D. Russo, MD and Associates Radiology, P.C.

Notice of Privacy Practices Governed by HIPAA Compliance

Effective April 14, 2003

Contact Person: Privacy Officer
2660 Main Street Bridgeport, CT 06606
Phone Number: 258-2016

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction:

At our organization, we are required to protect the privacy of your Medical/health information about you and that can be identified with you. This is called "protected health information" or "PHI" for short. We respect the privacy and confidentiality of your protected health information. This Notice of Privacy Practices describes the ways in which we may use and disclose your medical/protected health information and how you can get access to this information. Your health information is contained in your medical and billing records maintained by this organization. It includes demographic information and information that relates to your present, past or future physical health and related healthcare services. This Notice applies to uses and disclosures we may make of all your protected health information whether created by us in our practice or received by us from another healthcare provider.

This "Notice of Privacy Practices" applies to all Robert D. Russo, M.D. and Associates Radiology, P.C. locations.

1. **Robert D. Russo, MD and Associates Radiology, P.C.** is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:

a. **For Treatment**-Examples of how we will disclose information for treatment include sharing information about you with:

- a. Referring Physician
- b. Your primary care physician or family physician;
- c. A specialist;
- d. Hospitals
- e. Ambulatory Care Center;
- f. Visiting Nurses

b. **For Payment** - We may use and disclose PHI so that we can bill and receive payment for treatment and services you receive from us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. Examples of how we will disclose information for payment include:

- a. We may contact your health plan to confirm your coverage, for pre-certification of service
- b. We may contact any other organizations who provided you with medical services to obtain payment information from them
- c. We may provide information to any other healthcare provider who requests information necessary for them to collect payment

C. **For Health Care Operations** - We may use and disclose your protected health information in performing business activities that we call "healthcare operations." This includes internal operations, such as for general administrative activities and to monitor the quality of care you

receive at our facility. This type of use is necessary for us to run our practice and to be sure that our patients are receiving quality care. Examples of how we will use and disclose information as it relates to the health care operations include one or more of the following:

- a. to review and improved the quality of care you receive;
- b. to doctors, nurses, residents, students, volunteers or other medical staff for education and training purposes;
- c. for planning for services, such as when we assess certain services that we may want to offer in the future;
- d. to evaluate the performance of our employees;
- e. to our lawyers, consultants, accountants, and business associates;
- f. We may combine information about several patients to determine if we should offer new services; or determine if new treatments are effective.
- g. to identify groups of patients who have similar health problems to give them information about treatment alternatives, programs, or new procedures;
- h. to train students, residents, other healthcare providers or non-healthcare providers (such as billing personnel);
- i. to organizations that assess the quality of care we provide to our patients (such as government agencies or accrediting bodies);
- j. to organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular specialty;
- k. to assist others who may be reviewing our activities such as accountants, lawyers, consultants, risk managers, and others who assist us in complying with state and federal laws;
- l. in the process of selling our business or merging with other healthcare entities, or giving control to someone else;
- m. in the process of reviewing for healthcare fraud and abuse detection and compliance;
- n. when we develop internal protocols;
- o. In the process of using your protected health information in the course of treatment, payment and healthcare operations, we may make incidental disclosure. We will take reasonable steps to limit incidental disclosures.

Practice-specific example. We may disclose information as it relates to healthcare operations when we:

- a. Leave messages on your answering machine
- b. Leave messages at your place of employment
- c. Send appointment reminder postcards
- d. Call to remind you of appointment
- e. Call you by name when you are in our practice
- f. Share office space with another healthcare provider

2. **Robert D. Russo, MD and Associates, P.C.** is permitted or

required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. Under the Health Insurance Portability and Accountability Act Privacy Regulations, we may use and disclose your protected health information in which you do not have to give authorization or otherwise have an opportunity to agree or object. "Use" refers to our internal utilization of your protected health information. Specifically, "use" under the privacy regulations means: "...with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information." Disclosure refers to the provision of information by us to parties outside of our organization. Specifically, disclosure means: "...the release, transfer, provision of access to or divulging in any other manner, of information outside of the entity holding the information." We may make the following uses and disclosures of your protected health information without obtaining a written Authorization from you in situations such as:

1. Those Required by Law:

We may disclose your protected health information when required to do so by law. For example, when federal, state or local law or other judicial or administrative proceeding requires that we disclose information about you.

2. Public Health Risk:

We may disclose your protected health information for public health activities. For example, we may disclose protected health information about you if you have been exposed to a communicable disease or may otherwise be at risk of spreading a disease. Other examples may include reports about injuries or disability, reports of births and deaths, reports of child abuse and/or neglect, and reports regarding recall of products.

3. Individuals Involved in Your Care or Payment for Your Care: Unless you object,

We may disclose protected health information about you to a family member, relative, close personal friend, caregiver, neighbor or other person(s) you identify, who are involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in payment for your care.

4. Disaster Relief: Unless you object, we may disclose protected health information about you to a public or private agency (like the American Red Cross) for disaster relief purposes. Even if you object, we may still share information about you, if necessary for the emergency circumstances.

5. Reporting Victims of Abuse, Neglect or Domestic Violence:

When authorized by law or if you agree to the report and if we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your protected health information to notify a government authority.

6. Health Oversight Activities:

When authorized by law, we may disclose your protected health information to a health oversight agency for activities. A health oversight agency is a state or federal agency that oversees the healthcare systems. Some of the activities may include, for example, audits, investigations, inspections and licensure.

7. Judicial and Administrative Proceedings:

We may disclose your protected health information in response to lawsuit, dispute, court or administrative order. We also may disclose protected health information in response to a subpoena, discover request, or other lawful process by another party involved in the action. We will make a reasonable effort to inform you about the request.

8. Law Enforcement:

We may disclose your protected health information for certain law enforcement purposes, including, but not limited to:

- a. Reporting certain types of wounds and/or other physical injuries (i.e. gunshot wounds);
- b. Reports required by law;
- c. Reporting emergencies or suspicious deaths;
- d. Complying with a court order, warrant, subpoena, or other legal process;
- e. Answering certain requests for information concerning crimes, about the victim of crimes;
- f. Reporting criminal conduct that took place on our premises, and
- g. In emergency situations to report a crime, the location of the crime or victim or the identity, description and/or location of a person involved in the crime.

9. To Avert a Serious Threat to Health or Safety:

We may and are sometimes required by law to disclose your protected health information to appropriate persons in order to prevent or lessen serious and imminent threat to the health or safety of a particular person.

10. Military and Veterans:

If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities. We may also release medical information about you if you are a member of a foreign military as required by the appropriate foreign military authority.

11. National Security and Intelligence Activities Protective Services for the President and Others:

We may disclose protected health information to authorized federal officials conducting national security, counterintelligence, and intelligence activities authorized by law.

12. Inmates/Law Enforcement Custody:

If you are an inmate of a correctional institution or