

- G. Decedents. We may disclose your Protected Health Information to a coroner or medical examiner as authorized by law. We may also release medical information about patients at Montclair Radiology to a funeral director as necessary to carry out his or her duties.
- H. Organ and Tissue Procurement. We may disclose your Protected Health Information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
- I. Research. We may use or disclose your Protected Health Information without your consent or authorization for research where permitted by law.
- J. Health or Safety. We may use or disclose your Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- K. Specialized Government Functions. We may use or disclose your Protected Health Information for certain government functions, including military, national security, presidential protection, and veterans' affairs.
- L. Workers' Compensation. We may disclose your Protected Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
- M. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe that you are a victim of abuse, neglect or domestic violence, we may disclose your Protected Health Information to a government authority, including social service or protective services agencies, authorized by law to receive reports of such abuse, neglect or domestic violence.
- N. Military and Veterans. We may release your Protected Health Information as required by military command authorities if you are a member of the armed forces. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- O. National Security and Intelligence Activities. We may release your Protected Health Information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.
- P. Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release your Protected Health Information to the correctional institution or law enforcement official. This release would be necessary:
- for Montclair Radiology to provide you with health care,
 - to protect your health and safety or the health and safety of others, or
 - for the safety and security of the correctional institution
- Q. Appointment Reminders. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- R. Marketing. Montclair Radiology will obtain your written authorization prior to using or disclosing your Protected Health Information for marketing purposes. However, Montclair Radiology is permitted to provide you with marketing materials in a face-to-face encounter, without obtaining a marketing authorization. We are also permitted

to give you a promotional gift of nominal value, if we so choose, without obtaining a marketing authorization. In addition, as long as we are not paid to do so, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings.

S. As Required by Law. We may use and disclose your Protected Health Information when required to do so by any other law or regulation not already referenced above.

V. Your Individual Rights:

A. Right to Request Additional Restrictions. You can ask us not to use or share certain health information for treatment, payment, or our operations. 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. If you wish to request additional restrictions, please obtain a request form from, and submit the completed form to, our Privacy Officer. We will send you a written response.

B. Right to Receive Confidential Communications. You may request that we communicate with you about your Protected Health Information by alternative means or at alternative locations. To make such a request, you must submit your request in writing to our Privacy Officer.

C. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from, and submit the completed form to, our Privacy Officer. You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you in accordance with applicable law (for example, records relating to pregnancy, abortion, sexually transmitted disease, substance use and abuse, contraception and/or family planning services).

D. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from, and submit the completed form to, our Privacy Officer. We have the right to deny your request for amendment. If we deny your request for an amendment, we will provide you with a written explanation of why we denied the request and to explain your rights.

E. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of Protected Health Information made by us during any period of time prior to the date of your request, in accordance with applicable laws and regulations, provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an

accounting more than once during a twelve (12) month period, we may charge you the cost of providing the accounting statement. To request an accounting of disclosures, please obtain a form from, and submit the completed form to, our Privacy Officer.

F. Right to Receive Notice of a Breach. You have a right to be notified by us of any breaches of unsecured Protected Health Information in accordance with the law.

G. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice.

VI. For Further Information, Complaints

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your Protected Health Information, you may contact our Privacy Officer at 973-284-0038.

If you believe your privacy rights have been violated, you can file a complaint with Montclair Radiology's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. You can file a complaint with the Office of 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/

VII. Effective Date and Duration of this Notice

A. Effective Date & Revision Dates. This Notice was originally effective on April 14, 2003, was revised in August, 2014, and was most recently revised in January, 2019.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. Whenever we make an important change to our policies, we will promptly change this Notice and post a new notice in our office. You may obtain a copy of any new notice by contacting our Privacy Officer.

PRIVACY PRACTICES NOTICE



Serving the Community for Over 75 Years

www.montclairradiology.com

- 550 SUMMIT AVENUE, **JERSEY CITY**, NJ 07306
- 116 PARK STREET, **MONTCLAIR**, NJ 07042
- 20 HIGH STREET, **NUTLEY**, NJ 07110
- 271 GROVE AVENUE, **VERONA**, NJ 07044
- 1140 BLOOMFIELD AVENUE, **WEST CALDWELL**, NJ 07006

TEL: 973-661-4674

3T High Field MRI | 1.5T High Field MRI

1.0T High Field Open MRI

MR Arthrogram

Ultra Low Dose CT Scan

Coronary CT Angiography

Calcium Scoring CT Screening

Lung Cancer CT Screening

Color Doppler Ultrasound | Thyroid FNA

Digital Mammography

3D Mammography/Tomosynthesis

Breast MRI | Breast Biopsy

Bone Densitometry | Diagnostic Radiology

SimPlant Dental Scan

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.

INTRODUCTION

At Montclair Radiology (also referred to in this Notice as “we” or “us”), we are committed to treating and using health information about you responsibly. This Notice of Privacy Practices (the “Notice”) describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your medical and health information (“Protected Health Information” or “PHI”).

We are required by law to maintain the privacy of your Protected Health Information and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

I. Understanding Your Health Record/Information

Each time you visit Montclair Radiology, we will create records regarding you and the treatment and services we provide to you (including records relating to psychiatric treatment, drug and alcohol treatment or abuse or HIV status, if any). Typically, this record contains your symptoms, examination and test results, and diagnoses. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of this state and the nation.
- Source of data for our planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Although your health record is the physical property of Montclair Radiology, the information belongs to you. Understanding what is in your record and how your Protected Health Information is used helps you to ensure its accuracy; better understand who, what, when, where, and why others may access your PHI; and make more informed decisions when authorizing disclosure to others.

II. Our Responsibilities

Among other responsibilities described in this Notice, Montclair Radiology is required to:

- Maintain the privacy of your Protected Health Information.
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

- Abide by the terms of this Notice.
- Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

We will not use or disclose your Protected Health Information without your authorization except as described in this Notice.

III. Uses and Disclosures With Your Authorization

- A. Use or Disclosure with Your Authorization. We may use or disclose Protected Health Information only when (1) you give us your written authorization on a form (“Your Authorization”) that complies with the Health Insurance Portability and Accountability Act (“HIPAA”), including for certain marketing activities, sale of health information, and (with some exceptions) the disclosure of psychotherapy notes about you, or (2) there is an exception described in Section IV. Further, except to the extent that we have taken action in reliance upon it, you may revoke Your Authorization by delivering a written revocation statement to the Privacy Officer identified in Section VI.
- B. Genetic Information. Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements or pursuant to a court order), we will obtain Your Authorization prior to obtaining or retaining your genetic information (for example, your DNA sample). We may use or disclose your genetic information for any reason only when Your Authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey State law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order).
- C. Information about AIDS or HIV and Certain Venereal Diseases. If Protected Health Information contains AIDS or HIV related information, that information is confidential and generally will not be disclosed without Your Authorization expressly releasing AIDS or HIV related information. However, such information may be released without Your Authorization to medical personnel directly involved in your medical treatment. If you are deemed to lack decision-making capacity, we may release such information (only if necessary and unless you request otherwise) to the person responsible for making health care decisions on your behalf (spouse, primary caretaking partner, an appropriate family member, etc.). Under certain circumstances, such information may also be released without Your Authorization for scientific research, certain audit and management functions, and as may otherwise be allowed or required by law or court order.
- D. Alcohol or Drug Abuse Programs. If Protected Health Information contains information related to treatment provided in an alcohol or drug abuse program, that information is confidential and shall not be disclosed without Your Authorization expressly releasing alcohol or drug abuse related information except in accordance with applicable law including federal regulations regarding the confidentiality of alcohol and drug patient records.

IV. Uses and Disclosures Without Your Authorization:

A. Use and/or Disclosure for Treatment, Payment and Health Care Operations. Except as noted in Section IV B, we may use and/or disclose Protected Health Information without Your Authorization for treatment provided to you, obtaining payment for services provided to you and for health care operations (e.g., internal administration, quality improvement, customer service, etc.), as detailed below:

• For Treatment:

We use and disclose your Protected Health Information to provide treatment and other services to you - for example, a physician treating your injury or illness may ask another physician about your overall health condition. We may also disclose your PHI for the treatment activities of another health care provider.

For Example: Protected Health Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you.

• For Payment:

We may use and disclose your Protected Health Information to obtain payment for services that we provide to you - for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (“Your Payor”) to verify that Your Payor will pay for your health care. We may also disclose your PHI to another health care provider for the payment activities of that health care provider.

For Example: A bill may be sent to you or Your Payor. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

• For Health Care Operations:

We may use and disclose your Protected Health Information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you (including operating and troubleshooting our health information technology). For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. In addition, we may disclose your PHI to external licensing or accrediting bodies for purposes of facility licensure and review. We may disclose your PHI to our patient representatives in order to resolve any complaints you may have and ensure that you have a comfortable visit with us. Under certain circumstances, we may disclose your PHI to another health care provider for the health care operations of that health care provider if they either have treated or examined you and your PHI pertains to that treatment or examination.

For Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

B. Disclosure to Relatives and Close Friends. We may disclose your Protected Health Information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we: (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative, a close personal friend or other person identified by you, we would disclose only information that is directly relevant to the person’s involvement with your health care, payment related to your health care or needed for notification purposes.

C. Public Health Activities. We may disclose Protected Health Information for public health activities and purposes, including, without limitation: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and (6) to report your immunization status to your school if your school is required to have proof of your immunization and you or your parent or guardian agrees to the disclosure.

D. Health Oversight Activities. We may disclose your Protected Health Information to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

E. Judicial and Administrative Proceedings. We may disclose your Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

F. Law Enforcement Officials. We may disclose your Protected Health Information to the police or other law enforcement officials, including as required by law; in compliance with a court order; in response to a request for information about a victim of a crime, suspect, fugitive, witness, or missing person; or to report a death, crime, or emergency situation.