



# Notice of Privacy Practices

## Our Pledge Regarding Health Information

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive throughout VuePoint Diagnostics. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all the records of your care generated by VuePoint Diagnostics entities. This notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

## Who Will Follow This Notice

The terms of this Notice of Privacy Practices apply all entities owned and operated by and/or affiliated with VuePoint Diagnostics, and their respective licensed clinicians, technicians, employees, contractors, volunteers and trainees. These entities may share protected health information (PHI) with each other as necessary to carry out services, payment or healthcare operations relating to the organized healthcare arrangement unless otherwise limited by law, rule or regulation. This Notice of Privacy Practice does not apply when visiting a non-affiliated office practice.

## We Are Required by Law

To make sure that health information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to health information about you; follow the terms of the notice that is currently in effect.

## How We May Use and Disclose Health Information About You

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and may give examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

### For Services

We may use health information about you to provide you with medical services.

We may disclose health information about you to doctors, nurses, technologists, support representatives or other VuePoint Diagnostics-affiliated personnel who are involved in taking care of you.

Different departments of VuePoint Diagnostics may share health information about you in order to coordinate the different things you need, such

as screenings, exams, support services and x-rays.

We also may disclose health information about you to people outside VuePoint Diagnostics who may be involved in your medical care, such as your health plan, family members, medical review personnel or others we use to provide services that are part of your care.

### For Payment

We may use and disclose health information about you so that the services you receive may be billed to and payment may be collected from an insurance company. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services recommended 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. For example, we may provide your health plan with medical information about the health care services rendered to you for reimbursement purposes.

### For Healthcare Operations

We may use and disclose health information about you for healthcare operations. These uses and disclosures are necessary to run the VuePoint Diagnostics entities and make sure that all our patients receive quality care. For example, we may use health information to

review our services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services VuePoint Diagnostics should offer, what services are not needed and whether certain new services are effective. We may also disclose information to doctors, nurses, technologists, therapists, medical students and other personnel for review and learning purposes. We may remove information that identifies you from this set of health information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.

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

We may release health information about you to a friend or family member who is involved in your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified of any changes to services.

## As Required by Law

We will disclose health information about you when required to do so by federal, state or local law.

## To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent serious

threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone who is able to help prevent the threat.

## Special Situations

### Business Associates

We contract with certain outside persons or organizations to perform certain services on our behalf, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to enter into written agreements to require the business associate to appropriately safeguard the privacy of your information.

### Public Health Risks

We may disclose health information about you for public health activities. We will make this disclosure only if you agree, or when required or authorized by law. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report child abuse or neglect.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

### Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

### Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### Law Enforcement

We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.

- About a death we believe may be the result of criminal conduct.
- About criminal conduct that occurs on VuePoint Diagnostics property.
- In emergency circumstances to report a crime, the location victims of the crime, or the identity, description or location of the person who committed the crime.

### National Security and Intelligence Activities

We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

### Protective Services for the President and Others

We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or in order to conduct special investigations.

### Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare and to protect your health and safety or the health and safety of others.

## Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you.

### Right to Inspect and Copy

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department at VuePoint Diagnostics.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by VuePoint Diagnostics will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.



# Notice of Privacy Practices

## Right to Request Amendment

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for VuePoint Diagnostics.

To request an amendment, your request must be made in writing and submitted to the HIPAA Compliance Officer at VuePoint Diagnostics. In addition, you must provide a reason that supports your request. We have the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ❖ was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- ❖ is not part of the information which you would be permitted to inspect and copy
- ❖ is accurate and complete

## Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA

Compliance Officer at VuePoint Diagnostics. Your request must state a time period which may not be longer than six years and may not include dates before January 1, 2010. Your request should indicate in what form you want the list on-paper or electronic copy. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

## Right to Breach Notification

We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

## Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for services, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about an exam that you had. To request restrictions, you must make your request in writing to the HIPAA Compliance Officer at

VuePoint Diagnostics. In your request, you must tell us:

- ❖ what information you want to limit
- ❖ whether you want to limit our use, disclosure or both
- ❖ to whom you want the limits to apply

## 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 contact you only at work or only by mail. To request confidential communications, you must make your request in writing to the HIPAA Compliance Officer at VuePoint Diagnostics. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

## Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website: [www.vuepointdx.com](http://www.vuepointdx.com)

## Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will make easily available a copy of the current notice on the VuePoint Diagnostics website. The notice will contain the effective date.

## Complaints

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, contact the HIPAA Compliance Officer at the address listed in the “Contact Information” section that follows. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint. To file a complaint with the Secretary of the United States Department of Health and Human Services, please use the address in the “Contact Information” section that follows. There will be no retaliation against you for filing a complaint. For additional information, you may call 202-619-0257 or toll free 877-696-6775, or visit the Office for Civil Rights website: [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)



# Notice of Privacy Practices

## Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. In the following circumstances, we will always require an authorization from you:

- Any marketing communication that is paid for by a third party about a product or service to encourage you to purchase or use the product or service.
- Except for limited transactions permitted by the Privacy Rule, a sale of protected health information for which we directly or indirectly receive remuneration or payment.
- Other uses or disclosures of Protected Health Information that are not described in this notice.

If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. 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.

## Contact Information

For requests involving your records – amendments, copies, accounting of disclosures

HIPAA Compliance Officer  
VuePoint Diagnostics  
800 Shades Creek Parkway, Suite 340  
Birmingham, AL 35209

Or Email: [Compliance@vuepointdx.com](mailto:Compliance@vuepointdx.com)

To request confidential communications, copies of this notice or to file a complaint

HIPAA Compliance Officer  
VuePoint Diagnostics  
800 Shades Creek Parkway, Suite 340  
Birmingham, AL 35209

Or Email: [Compliance@vuepointdx.com](mailto:Compliance@vuepointdx.com)

To file a complaint with the government

Secretary  
US Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

For additional information, you may call 202-619-0257 or toll free 877-696-6775, or visit the Office for Civil Rights website:  
[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

***VuePoint Diagnostics and its entities and locations are committed to these privacy practices for the benefit of our patients, their families and our community.***