

Notice of Privacy Practices

Asheville Radiology
P.O. Box 2959
Asheville, NC
28802

Asheville Imaging Center

Asheville Breast Center

Asheville MRI

Carolina Vascular

Asheville Radiology Pain Management

The Vein Specialists of Carolina Vascular

Asheville Radiology Billing Office

Effective: January 1, 2006

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- A basis for planning your care and treatment.
- A means of communication among the many health professionals who contribute to your care.
- A legal document describing the care you received.
- A means by which you or a third party can verify that services billed were provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when and why others may have access to your health information.
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Request to inspect and obtain a copy of your protected health information (PHI). This request must be in writing.
- Request that we correct any inaccurate or incomplete information in your records. This request must be in writing.
- Request an accounting of disclosures of your PHI for reasons other than treatment, payment or other healthcare operations. This request must be in writing.
- Reasonably request to receive confidential communications of PHI by alternative means or at alternative locations. This request must be in writing.
- Request a restriction on certain uses or disclosures of your PHI. Asheville Radiology Associates (ARA) will consider these requests on a case-by-case basis, but ARA is not legally required to agree to a restriction request. This request must be in writing.
- Revoke your authorization to release medical records, except to the extent that action has already been taken. This revocation must be in writing.

Asheville Radiology Associates Legal Duties

Asheville Radiology Associates, PA (ARA) and its affiliated companies (Asheville Imaging Center, Asheville Breast Center, Asheville MRI, Carolina Vascular, Asheville Radiology Pain Management, The Vein Specialists of Carolina Vascular and Asheville Radiology Billing Office) are required by law to:

- Maintain the privacy of your protected health information.
- Provide you with a notice of its legal duties and privacy practices with respect to your PHI.
- Abide by the terms of the privacy notice currently in effect.

ARA reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. When changes are made, a new Notice of Privacy Practices will be posted on Asheville Radiology Associates websites, in the waiting rooms and will be provided to you on your next visit. You may also request a copy of our Notice of Privacy Practices at any time.

Uses and Disclosures of Health Information

ARA uses your PHI primarily for treatment, obtaining payment for treatment and for conducting its healthcare operations.

We will use your health information for treatment.

For example: We may use your medical information to perform requested diagnostic or treatment services and may provide your treating physician or a subsequent healthcare provider with copies of various reports, films and/or medical records that should assist him or her in providing healthcare to you.

We will use your health information for payment.

For example: We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from an insurance company, a third party or from you. We may share your medical information with our billing department and collection agency. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures performed and supplies used.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law. This may include the disclosure of medical and/or billing information to your employer.

We will use your health information for regular healthcare operations.

For example: We may use your healthcare information to perform quality assurance or to arrange for accreditation organizations to evaluate our practice.

Business Associates: We sometimes work with outside individuals and businesses that help us operate our business successfully. For example, we may share your information with a billing company that helps us to obtain payment from your insurance company. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must provide us with certain written assurances that they will respect the confidentiality of your personal and identifiable information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care.

Communication with family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Appointment reminders: We may use and disclose medical information about you to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Concerns and Complaints

If you are concerned that ARA may have violated your privacy rights or if you disagree with any decision we have made regarding access or disclosure of your PHI, please contact our Compliance Department at the address below. You may file a complaint with the Compliance Department. You may also send a written complaint to the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint. For further information on ARA's privacy practices, please contact:

ARA Compliance Department
534 Biltmore Avenue
Asheville, NC 28801
Telephone: (828) 213-0837
Fax: (828) 213-0705