



ATLANTIC MEDICAL IMAGING

NOTICE OF PRIVACY PRACTICES

Effective: September 23, 2013



Updated: September 1, 2021

- I. THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**
- II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION**

The following is the privacy policy (“Privacy Policy”) of Atlantic Medical Imaging as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires all health care providers by law to maintain the privacy of your personal health information and to provide you with notice of their legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

If you have any questions about this notice, please contact the Atlantic Medical Imaging Privacy Compliance Officer at (609) 927-8265.

WHO WILL FOLLOW THIS NOTICE.

This notice describes Atlantic Medical Imaging’s practices and that of:

- Any health care professional authorized to enter information into your health record.
- All locations of Atlantic Medical Imaging.
- All employees of Atlantic Medical Imaging.
- All Atlantic Medical Imaging Billing and Collections, LLC and Atlantic Radiologists, PA (ARPA). All of these entities, sites and locations may share personal health information with each other for treatment, payment or healthcare operations as described in this notice.

OUR PLEDGE REGARDING YOUR PERSONAL HEALTH INFORMATION:

We understand that health information about you and your health is personal. We are committed to protecting personal health information about you. We create a record of the care and services you receive at Atlantic Medical Imaging. This record is required to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by Atlantic Medical Imaging, whether made by Atlantic Medical Imaging personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose personal health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of personal health information.

WE ARE REQUIRED BY LAW TO:

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

III. HOW WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU.

- A. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.** The following categories describe different ways that we use and disclose personal health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.
- **Treatment.** We may use personal health information about you to provide you with medical treatment or diagnostic services. We may disclose personal health information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you at Atlantic Medical Imaging. For example, if you are allergic to shellfish and are having a CT with contrast, we need to know that since the contrast may cause a similar reaction. Different entities of Atlantic Medical Imaging may also share personal health information about you in order to coordinate the different things you need with your referring physician. We also may disclose personal health information about you to people outside of Atlantic Medical Imaging who may be involved in your medical care such as your physician or other health care providers or others who provide services that are part of your past, current or future care.
 - **Payment.** We may use and disclose personal health information about you so that the treatment and services you receive at Atlantic Medical Imaging may be billed to and payment may be collected from you, an insurance company or another third party. For example, we may need to give your insurance company information about diagnostic services that Atlantic Medical Imaging performed for you so that your insurance company will pay us or reimburse you for the services. We may also tell your insurance company about a diagnostic imaging service you are going to receive to obtain prior approval or to determine whether your insurance will cover the service.
 - **Health Care Operations.** We may use and disclose personal health information about you for Atlantic Medical Imaging operations. These uses and disclosures are necessary to run Atlantic Medical Imaging and make sure that all of our patients receive quality care. For example, we may use personal health information to review our services and to evaluate the performance of our staff in caring for you. We may also use personal health information about Atlantic Medical Imaging patients to decide what additional services Atlantic Medical Imaging should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to doctors, nurses, technologists, and other Atlantic Medical Imaging personnel for review and learning purposes. We may remove information that identifies you from this set of personal health information so others may use it to study health care and health care delivery without learning who the specific patients are.
 - **Appointment Reminders.** We may use and disclose personal health information to contact you as a reminder that you have an appointment for treatment or medical care at Atlantic Medical Imaging.
 - **Health-Related Benefits and Services.** We may use and disclose personal health information to tell you about health-related benefits or services that may be of interest to you.
 - **Individuals Involved in Your Care or Payment for Your Care.** With permission, we may release personal health information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care.

- **As Required By Law.** We will disclose personal 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 personal health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release personal health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military.** If you are a member of the armed forces, we may release personal health information about you as required by military command authorities. We may also release personal health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release personal health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose personal health information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - 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. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose personal health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor health care systems, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose personal health information about you in response to a court or administrative order. We may also disclose personal health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

- **Law Enforcement.** We may release personal 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 at AMI; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners and Medical Examiners.** We may release personal health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities.** We may release personal health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

B. USES AND DISCLOSURES WHERE YOU TO HAVE THE OPPORTUNITY TO OBJECT. Disclosures to family, friends, or others. We may provide your personal health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

C. ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION. Other than as stated herein, we will not disclose your personal health information without your written authorization. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon the authorization.

D. AUTHORIZATION FOR MARKETING COMMUNICATIONS. We will obtain your written authorization prior to using or disclosing your personal health information for marketing purposes. However, we are 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. We may use or disclose personal health information to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

E. SALE OF PERSONAL HEALTH INFORMATION. We will disclose your PERSONAL HEALTH INFORMATION in a manner that constitutes a sale only upon receiving your prior authorization. Sale of personal health information does not include a disclosure of personal health information for: public health purposes; research; treatment and payment purposes; sale, transfer, merger or consolidation of all or part of our business and for related due diligence activities; the individual; disclosures required by law; any other purpose permitted by and in accordance with HIPAA.

F. FUNDRAISING ACTIVITIES. We may use certain information (name, address, telephone number, dates of service, age and gender) to contact you for the purpose of various fundraising activities. If you do not want to receive future fundraising requests, please write to the Privacy Compliance Officer at Atlantic Medical Imaging, Bayport Office Building, 8025 Black Horse Pike, Suite 300, West Atlantic City, New Jersey 08232

G. INCIDENTAL USES AND DISCLOSURES. Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your personal health information than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.

H. BUSINESS ASSOCIATES. We may engage certain persons to perform certain functions on our behalf and we may disclose certain health information to these persons. For example, we may share certain personal health information with our billing company or computer consultant in order to facilitate our health care operations or payment for services provided in connection with your care. We will require our business associates to enter into an agreement to keep your personal health information confidential and to abide by certain terms and conditions

IV. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

Under HIPAA, you have certain rights with respect to your personal health information. You have the following rights regarding personal health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and request a copy of personal health information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and request a copy of personal health information that may be used to make decisions about your health care, you must submit your request in writing to the Privacy Compliance Officer at Atlantic Medical Imaging, Bayport Office Building, 8025 Black Horse Pike, Suite 300, West Atlantic City, New Jersey 08232

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 personal health information, you may request that your authorized representative receive the information.

- **Right to Amend.** If you feel that personal 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 Atlantic Medical Imaging.

To request an amendment, your request must be made in writing and submitted to the Privacy Compliance Officer at Atlantic Medical Imaging, Bayport Office Building, 8025 Black Horse Pike, Suite 300, West Atlantic City, New Jersey 08232. Your letter must provide a reason that supports your request.

We may 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 personal health information kept by or for Atlantic Medical Imaging;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - 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 personal health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Compliance Officer at Atlantic Medical Imaging, Bayport One Office Building, 8025 Black Horse Pike, Suite 300, West Atlantic City, New Jersey 08232. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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 Request Restrictions.** You have the right to request a restriction or limitation on the personal health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the personal health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information to your spouse about a diagnostic test that you had done in one of our offices.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Compliance Officer at Atlantic Medical Imaging, Bayport One Office Building, 8025 Black Horse Pike, Suite 300, West Atlantic City, New Jersey 08232. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **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 only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Compliance Officer at Atlantic Medical Imaging Bayport One Office Building, 8025 Black Horse Pike, Suite 300, West Atlantic City, New Jersey 08232. 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.aminj.com

To obtain a paper copy of this notice, please contact Privacy Compliance Officer at Atlantic Medical Imaging, Bayport One Office Building, 8025 Black Horse Pike, Suite 300, West Atlantic City, New Jersey 08232 or by phone at (609) 927-8265.

V. 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 personal health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all Atlantic Medical Imaging entities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at Atlantic Medical Imaging for health care services, we will offer you a copy of the current notice in effect.

VI. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Atlantic Medical Imaging or with the Secretary of the Department of Health and Human Services. To file a complaint with Atlantic Medical Imaging, contact the Privacy Compliance Officer at Atlantic Medical Imaging, Bayport One Office Building, 8025 Black Horse Pike, Suite 300, West Atlantic City, New Jersey 08232 or call (609) 927-8265. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

VII. OTHER USES OF PERSONAL HEALTH INFORMATION.

Other uses and disclosures of personal health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose personal 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 personal 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 while relying upon your permission, and that we are required to retain our records of the care that we provided to you.