



1421 THIRD AVENUE, (Bet 80TH & 81ST Street)
NEW YORK, NY 10028
(212) 744-5538

Notice of Privacy Practices for Protected Health Information

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.

Rosetta Radiology's goal is to take appropriate steps to attempt to protect any medical or other personal information that is provided to us. We are required to: a) protect the privacy of medical information provided to us; b) provide notice of our legal duties and privacy practices; and c) abide by and enforce the terms and obligations of Rosetta Radiology's *Notice of Privacy Practices* currently in effect.

Protected Health Information (PHI) is the information we create and obtain in providing our services to you. Such information may include your name, address and telephone number; information relating to your medical history; your insurance information and coverage; and documenting your symptoms, procedures, test results, and diagnoses as required in the provision of radiology procedures and the subsequent billing for those services. In performing the radiology procedure and creating your billing record, information is gathered about you from providers, including hospitals and physicians, who provide medical care and treatment to you.

Who is required to follow this Notice?

This Notice describes the practices of all employees and staff working at Rosetta Radiology, as well as all individuals who are affiliated with Rosetta Radiology through independent contractor agreements. All of these individuals are required to follow the terms of this Notice and may share information about you amongst themselves for treatment, payment, and health care operations purposes. Our responsibilities are to:

- Maintain the privacy of your protected health information as required by law;
- Provide you with a Notice regarding our duties and privacy related to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods of communicating health information with you.

How may Rosetta Radiology use and disclose information about you?

Rosetta Radiology may use protected health information about you in different ways. The ways we may use and disclose information will fall into one of the following categories, but not every possible use or disclosure in each category is listed:



Treatment: Rosetta Radiology provides outpatient radiology services and will use your information for the purpose of performing the radiology procedures to include generating the radiological interpretation of the procedures and sending that information to your referring physician.

Payment: Rosetta Radiology will submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us to obtain payment) may request information from us about the medical care provided to you. We will provide information to them about you and the medical services provided to help us collect payment from your insurance company. For example, we may need to give payer information about your current medical condition so they will pay for an ultrasound examination. We may also need to inform your payer of tests that you are going to receive in order to obtain prior approval or to determine if the service is covered under your health benefit plan.

Health Care Operations: Rosetta Radiology may periodically obtain services from other business associates such as quality assessment and improvement audits, outcomes evaluations, training programs, legal services, electronic systems services, and insurance. We may share protected health information about you with these business associates as necessary to evaluate our operations and to learn how we may improve our service to you. We may also use and disclose health information:

- To remind you that you have an appointment for medical care and/or billing/collections matters which may also include leaving a recorded voice message on an answering machine,
- To assess your satisfaction with our services
- To tell you or your physician about the outcome of your radiology procedures
- To discuss follow-up options with you or your physician
- To inform you of treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities in which our facility is participating.

Legal Requirements: We may need to disclose protected health information about you for a number of public health and policy reasons that include, but are not limited to:

- Food and Drug Administration
- Public health or legal authorities charged with preventing or controlling disease, injury or disability
- Correctional institutions
- Workers compensation agents
- Military command authorities
- Funeral directors, coroners and medical directors
- National security and intelligence agencies
- In response to a warrant, subpoena, or other order of a court or administrative hearing body or law enforcement authority



advanced imaging • radiation oncology
diagnostic radiology • women's imaging

Business Associates: Rosetta Radiology, in the course of conducting its business, works with outside individuals and businesses that help to operate the business efficiently and successfully. We may disclose your health information to these business associates so that they can perform the tasks they are hired to do. In some instances, (such as pathology services) this may also include billing you and/ or your insurance for the services they provide. All of our Business Associates must commit to us, through a written agreement, that they will respect the confidentiality and privacy of your personal and identifiable health information.

Individuals Involved in Your Care or Payment for Your Care: We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care"—such as your spouse, your other doctors, outside laboratories or an aide who may be providing services to you. Although we must be able to speak with your other physicians or health care providers, you may let us know if we should not speak with other individuals, such as your spouse or family.

Your Individual Health Information Rights

The billing records maintained by Rosetta Radiology are the physical property of Rosetta Radiology and/ or the radiologists who perform the radiological interpretation of the study. The information itself, however, belongs to you. You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law and we will consider your request. Please recognize that, while we are required to consider your request, we are not required to accept the request. You have the right to:

Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment, and if this occurs you will be notified of the reason for the denial.

Accounting of Disclosures: You have the right to obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.

Request Restrictions: You have the right to request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. For example, you may request that we not release certain health information to someone involved in your care or the payment of your care, such as a family member. We will comply with your request, when possible, unless the information is needed to provide you with emergency medical treatment.

Confidential Communications: You also have the right to request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request. For example, you may ask that we contact you at work rather than at home, or that we mail your



advanced imaging • radiation oncology
diagnostic radiology • women's imaging

billing information and communication to an alternative address. We will grant your requests for confidential communications at alternative locations or via alternative means only if the request is submitted in writing and the written request includes a mailing address where you will receive bills for services rendered and related correspondence regarding payment for services. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your alternate contact information request prior to attempting to contact you by other means or at another location.

Privacy Practice Notice: you have the right to a copy of our Notice of Privacy Practices at any time. You can access a copy of the Notice electronically from our website at www.rosettaradiology.com. However, you have a right to receive a paper copy, and may do so by requesting a paper copy.

If you would like to exercise any of the above rights, please contact Rosetta Radiology, 1421 Third Avenue, New York, NY 10028, in person or in writing, during normal business hours and ask for the facility Privacy Officer.

Changes to this Notice

Rosetta Radiology reserves the rights to amend, change, or eliminate provisions in our privacy and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices changes, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice," by visiting our office and picking up a copy, or by viewing the Notice www.rosettaradiology.com.

To request information, exercise your rights, or file a complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Rosetta Radiology, 1421 Third Avenue, New York, NY 10028, (212) 744-5538 and ask for the Privacy Officer. You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov.) We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving services from this facility. We cannot, and will not, retaliate against you for filing a complaint with Secretary of Health and Human Services.

Effective Date: July 11, 2012