

# PRIVACY NOTICE

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Please read carefully—this notice describes how medical information about you may be used and disclosed and how you can access the information yourself.

## OUR PLEDGE TO YOU

Our mission is to provide the highest quality radiological services for referring physicians and patients. Austin Radiological Association (“ARA” or “we”) is committed to protecting your confidential health information. We routinely perform internal quality, privacy, and security assessments because we understand that the quality of services you receive, along with the privacy and security of your medical information, is important to you.

## WHO WILL FOLLOW THIS NOTICE

This notice applies to solely owned ARA diagnostic imaging centers. ARA will comply with this notice with respect to uses and disclosures of your medical information.

## HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

ARA uses your health information for treatment and diagnosis purposes, to obtain payment for your treatment, and for activities related to our routine business operations. Below are examples of some of the ways we may use and disclose your health information. *We do not list all the ways we are permitted by law to use or disclose your information, but a use or disclosure should fall in one of the following four categories:*

1. How we use and disclose your information for treatment purposes:  
We use an electronic archive to store the digital images of your exams. We have put in place security procedures and safeguards to protect the confidentiality and integrity of your electronic health information. Our electronic archive enhances the quality of the healthcare you receive by providing the timely exchange of medical information needed for your treatment. Your personal physician, members of your treatment team, or a consulting physician may access your archived health information directly by computer. ARA also automatically sends copies of your radiological report to your doctors.  
  
Please note that Texas law requires that we provide you with notice that your medical information may be subject to electronic disclosure. That is, we may use and disclose your medical information electronically. For example, if your medical information is contained electronically in an electronic medical record with our offices, and another provider who is involved in your treatment requests a copy of your medical records, we may forward such records electronically.
2. How we use and disclose your information to collect payment:  
To obtain payment, ARA may submit a claim to your health insurance company, your workers compensation company, or to an authorized third party and may disclose information to a collection agency. We will send you a billing statement should there be any remaining balance for which you are responsible.
3. How we use and disclose your information for business operations:  
We may call or leave a message for you about your appointment or to remind you of any special preparations you need to follow before your exam. We may also send you an appointment card reminding you when it is time to schedule a follow-up appointment. ARA may use your health information to evaluate the quality of medical care we provide in our offices. Quality assurance helps us improve the services we provide. We may contract with independent business associates, external auditors, or private consultants to help us assess the quality and effectiveness of our services. We may use or disclose your information for internal educational purposes.
4. Ways we are required by law to disclose your information:  
We may disclose your health information without your authorization when required to do so by federal, state, or local law. As examples, we are required to do the following: report cases of suspected contagious disease and suspected child, elder, and spousal abuse; respond to court orders; comply with laws relating to workers compensation or other similar programs established by law; report incidents related to adverse reactions to medication, medical devices, or products to the Food and Drug Administration; and comply by law with health oversight or law enforcement agencies.

## YOUR INDIVIDUAL RIGHTS

You have the right to:

- Look at and ask for a copy of your health information as provided by law. ARA is allowed to charge a reasonable fee for making copies.
- Request that ARA contact you by alternate means, address, or telephone number to protect the privacy of confidential communications about your health care.
- Request that ARA amend your health record, if you believe that your information is not correct or that your medical record is not complete. We will notify you if we are unable to honor your request.
- Request that ARA restrict certain uses and disclosures of your information, unless the use or disclosure is otherwise permitted or required by law. ARA is not required to agree to your request unless you are asking ARA to restrict the use and disclosure of your information to a health plan for payment or health care operation purposes and the information you wish to restrict pertains solely to a health care item or service for which you have paid ARA in full.
- Receive an accounting of certain disclosures of your health information as provided by law.
- Ask for a paper copy of this privacy notice.
- If you sign an authorization allowing ARA to disclose your health information for reasons other than treatment, payment, or healthcare operations, you can revoke your authorization at any time, except to the extent that ARA has taken action in reliance on it. You must revoke your authorization in writing to stop any future uses and disclosures.

## PLEASE SUBMIT YOUR REQUEST IN WRITING

ARA will consider your written request. However, we may not be able to honor your request if prevented by law. If a request cannot be honored, we will notify you in writing.

## OUR RIGHT TO CHANGE OUR PRIVACY NOTICE

We may make changes to this notice at any time. Changes may result in additional uses or disclosures of your health information not previously authorized by you or mentioned in this notice. You may request a copy of the current ARA privacy notice at any of our locations or send a written request to the ARA address provided at the end of this notice. *This notice supersedes all previous privacy notices.*

## OUR LEGAL DUTY

We are required by state and federal law to protect the privacy of your health information, to provide you with a copy of this notice at your request, and to follow the terms stated in this notice. ARA is required to notify you of certain unauthorized access, acquisition, or use of your medical information. ARA maintains a website at [www.ausrad.com](http://www.ausrad.com) that provides a link to a printable form of this notice and an email link to our Privacy Officer. Our website offers a range of patient information and online services for your convenience. Except as described in this notice or otherwise permitted by law, ARA will not use or disclose your health information without your written authorization. Independent healthcare providers who access our electronic archive and our external business associates are also required by law to protect the confidentiality of your health information.

## HOW TO FILE COMPLAINTS

If you are concerned that ARA has violated your privacy rights, or if you have any privacy related questions, you may contact our Privacy Officer in writing, by phone, by email, or by regular mail. *ARA will not retaliate against you in any way for filing a complaint.*

*For privacy related questions or concerns,*  
please contact our Privacy Officer:

Austin Radiological Association / Attention: Privacy Officer  
P.O. Box 4099, Austin, Texas 78765-4099  
(512) 795-5100  
Email: [privacy@ausrad.com](mailto:privacy@ausrad.com)

*To file a complaint with the Office for Civil Rights:*

Office for Civil Rights  
U.S. Department of Health & Human Services  
1301 Young Street, Suite 1169, Dallas, Texas 75202  
(214) 767-4056; (214) 767-8940 (TDD)  
(214) 767-0432 Fax

*The effective date of this notice is: September 23, 2013*

