

# Magnetic Diagnostic Resources of CNY, LLP

## NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed.**

**This notice also describes how you can get full access to this information, please review carefully.**

**Why am I receiving this notice?** By law, Magnetic Diagnostic Resources of CNY, LLP must give you a copy of our Notice of Privacy Practices. We are required to inform you of our legal duties and privacy practices where your protected health information is concerned. This informs you of your rights and also tells you how we can use your health information.

**We are required to follow the terms of the Notice of Privacy Practices.** We do have the right to change these terms of this notice. If we do make changes to this notice, you will be provided an updated copy at your next office visit.

**How do we use and disclose your health information?** When it applies Magnetic Diagnostic Resources of CNY, LLP is allowed to use and/or release your health information for the following purposes:

**Treatment.** We use your health information to provide care to you and coordinate your health care with your providers. This enables them to provide health services to you. For example, if you are sent on to a specialist we provide them with your health records to assist in evaluation and treating you.

**Payment.** We use and disclose your health information to obtain payment for health care services we provide to you, which includes determining your eligibility for benefits. For example, sending a claim to your insurer that contains information about services we provided to you. We may also send a bill to a family member who is responsible for your care.

You have a right, however, upon written request to restrict a disclosure of protected health information to a health plan when the disclosure of protected health information to a health plan when the disclosure is for a payment or healthcare operations and pertains to a healthcare item or service you have paid for out of pocket in full.

**Health Care Operations.** We use and disclose your health information as necessary to enable us to operate our medical practice. For example, we use patient's claim information for our internal accounting activities and reviewing health records for quality purposes.

**Contacting You.** We may contact you to provide appointment reminder and preparation for your exam. We may call to inform you of your financial responsibility the day of your appointment.

Others involved in your case. We may need to disclose medical information to your family, friends, or personal representatives that are responsible for your care.

**Other Disclosures.** We may disclose health information without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which we are required by law to do so. Below is a list of disclosures we may be required to make without your consent:

- Disclosures that are required by state or federal law
- Disclosures to public health authorities or to other persons in connection with public health activities
- Disclosures to government agencies authorized to receive reports of abuse or neglect of children or dependent adults, or domestic violence
- Disclosures to agencies responsible for overseeing the health care system, for audits, inspections, or investigations
- Disclosures for judicial and administrative proceedings
- Disclosures to law enforcement agencies
- Disclosures to coroners and medical examiners
- Disclosures to organ procurement agencies, if you are an organ donor or a possible donor
- Disclosures to researchers conducting research under the auspices of an Institutional Review Board or privacy board
- Disclosures to avert a serious threat to health or safety
- If you are a member of the armed forces or a veteran, we may release health information to your military command authority or to the veterans' administration to assist in determining your eligibility for veterans' benefits, disclosures to assist authorized federal officials in national security activities, or for the provision of protective services to officials.
- 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 institution or official
- Disclosures to other agencies administering government health benefit programs, as authorized or required by law

- Disclosures for Worker's Compensation or Disability

Limitations. In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described above. For example, government health benefit programs may limit the disclosure of health information for purposes unrelated to the program. In addition, there are special restrictions on the disclosure of health information relating to HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**What rights do I have as a patient of this practice?** As a patient of this practice you have the following rights:

**Right to Request Restrictions.** You may request that we limit the certain use or disclosure of your health information. You also have the right to request a limit on the health information we disclose about you to someone involved in your care or the payment of your care. However, we are not required to comply with your request. You must make your request in writing to include the information you want to limit.

**Right to Request Confidential Communication.** You have the right to receive confidential communication from us. For example, asking us to contact you at a particular number. You must make your request in writing, to include the description of how you want us to communicate with you.

**Right to Inspect and Copy.** You have the right to see and copy any certain records that we maintain. These include our medical records and billing records concerning you. Under certain circumstances, we may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal the denial. You must make your request in writing, to include the reason that supports your request.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of your protected health information. We are not required to account for all disclosures. An accounting of your disclosures is a list of your medical information that Magnetic Diagnostic Resources of CNY, LLP discloses to another entity or individual. Your request must state a period of no longer than six years. You are entitled to one accounting within any 12-month period at no cost. If you request a second 12-month period you may be charged for the cost of compiling the accounting. You will be notified of the cost before the commitment is made.

### **YOU HAVE THE RIGHT TO A PAPER COPY OF THIS NOTICE OF PRIVACY PRACTICES**

The following is a general statement of your rights. They are subjected to all limitations permitted or required by law. Magnetic Diagnostic Resources of CNY, LLP reserves the right to change this Notice of Privacy Practices at any time in the future, and to make new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made Magnetic Diagnostic Resources of CNY, LLP is required by law to comply with this notice. Notice of changes will be posted on the Magnetic Diagnostic Resources of CNY, LLP website at [www.mdrcny.com](http://www.mdrcny.com).

**How do I exercise these rights?** You can exercise your rights by sending a written request to our Privacy Officer at the address below.

**How do I file a complaint if my privacy rights are violated?** You have the right to file a complaint with our Privacy Officer if you believe your privacy rights have been violated. You must provide us with specific, written information to support your complaint at the address below:

**Magnetic Diagnostic Resources of CNY, LLP, 5112 West Taft Road, Suite T, Liverpool, NY 13088**

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>. Individuals filing a complaint may be assured that they will not be retaliated against for filing a complaint.