

## **EMPIRE DIAGNOSTIC SOLUTIONS, INC.**

### ***HIPPA NOTICE OF PRIVACY PRACTICES***

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY EMPIRE DIAGNOSTIC SOLUTIONS, INC. AND YOUR RIGHTS TO ACCESS AND CONTROL THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

#### **I. Our Privacy Obligations**

We are required by law to maintain the privacy of your health information (“**Protected Health Information**” or “**PHI**”) and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice.

#### **II. We May Use and Disclose Your PHI in the Following Ways Without Your Written Authorization or Consent:**

A. Services. We may use and disclose your PHI to provide ultrasound and other treatment to you, for example performing ultrasound or other diagnostic testing on you, to scheduling your appointment, providing the results to a physician for interpretation and other activities that assist your physician with diagnosing and treating you. We may also disclose PHI to other providers involved in your treatment.

B. Payment. We may use and disclose your PHI to obtain payment for services that we provide to you--for example: (1) disclosing PHI to your health plan to verify that your health plan will pay for health care or to submit a claim or (2) disclosing PHI to workers’ compensation or other similar programs to the extent necessary to comply with law.

C. Office Operations. We may use and disclose your PHI for as part of our office and health care operations including internal office administration, developing testing protocols, providing training programs and various other activities that improve the quality and cost effectiveness of the care that we deliver to you.

D. Disclosure to Relatives, Close Friends, and Other Caregivers. If you do not object, we may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you who is directly involved in your care. If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests and how much information should be disclosed.

E. Public Health Activities. We may disclose your PHI: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (3) to prevent or lessen a serious and imminent threat to a person’s or the public’s health or safety; (4) to report abuse, neglect or domestic violence to public health authorities or other government authorities authorized by law to receive such reports; (5) to report information about products and services under the jurisdiction of the United States Food and Drug Administration; (6) to the U.S. Department of Health & Human Services or other health oversight agency in response to investigations, inspections, audits, surveys, licensure and disciplinary actions; and (7) to report information to your employer but only to the extent we are required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

F. Law Enforcement, Courts, Government. We may disclose your PHI: (1) to the police or other law enforcement officials to the extent we are required to by law or by a court order or a grand jury or administrative subpoena; (2) in the course of a judicial or administrative proceeding if we are required by a legal order or other lawful process; (3) to units of the government with special functions, such as the United States military or the United States Department of State.

G. Workers’ Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers’ compensation or other similar programs.

I. As Required by Law. We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

### **III. The Following Uses and Disclosures Require Your Written Authorization:**

A. Marketing Communications. We can use or disclose your PHI to: 1) give you with marketing materials in a face-to-face encounter; 2) provide you with information relating to your treatment, case management, care coordination or alternative treatments, therapies or health care providers; and/or 3) identify health-related services and products that may be beneficial to your health without obtaining your written authorization. However, if we want to provide you any other types of informational and marketing materials, we must obtain your written authorization first.

B. Purposes Not Described. For any purpose other than the ones described in Section II above, we only may use or disclose your PHI when you give us your written authorization. For instance, you will need to sign our authorization form before we can send PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

### **IV. Your Rights**

A. Additional Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals involved with your care or with payment related to your care, or (3) to notify individuals regarding your location and general condition. You must make the request in writing. We will consider all requests carefully, but we are not required to agree to all restrictions. We will send you a written response.

B. Confidential Communications. You may request that we communicate with you by alternative means of communication (i.e., by fax rather than by phone) or at alternative locations (i.e., at work rather than at home) and we will accommodate any reasonable request submitted in writing.

C. Inspect and Copy PHI. You may request access to the medical record file and billing records we have for you in order to inspect and request copies of the records. If you want to access your records, please obtain a request form from the Privacy Officer. If you request copies, we may charge you a reasonable fee for the copies.

D. Revoke Authorization. You may revoke any written authorization you have given to us to use and disclose your PHI (unless we have already taken action in reliance upon it), by delivering a written revocation statement to the Privacy Officer identified below.

E. Amend Records. You have the right to request that we amend PHI maintained in your medical record file or billing records if you believe the information is incorrect or incomplete. If you desire to amend your records, please obtain an amendment request form from the Privacy Officer and submit the completed form to the Privacy Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

F. Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of your PHI we may have made; provided that the accounting period does not exceed six years (and it does not apply to disclosures that occurred prior to April 14, 2003). If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable cost based fee.

G. Questions & Complaints. If you want additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer. You may also file a written complaint with the Director of the Office for Civil Rights of the United States Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

**V. Effective Date and Our Right to Change This Notice**

This Notice is effective on April 1, 2009. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in our waiting area and on our website at [www.palmsimaging.com](http://www.palmsimaging.com). You may also obtain any revised notice by contacting the Privacy Officer.

**VI. If You Have Questions About this Notice Please Contact:**

Privacy Officer  
Empire Diagnostic Solutions, Inc.  
1090 Coney Island Avenue  
Brooklyn, NY 11230  
Phone: (347) 715-4665  
Fax: (347) 715-4665  
Email: [info@edslive.com](mailto:info@edslive.com)