

MRI ASSOCIATES OF BUFFALO, P.C.

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

If you have any questions about this notice, please contact our Privacy Officer:

**MRI Associates of Buffalo, P.C.
6420 Transit Road
Depew, NY 14043
(716) 681-7377**

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of our facilities and that of:

- Any health care professional authorized to enter information into your medical record.
- Persons permitted by law to access your medical record.
- All departments and units of the MRI Associates of Buffalo.
- Any member of a volunteer group we allow to help you while you are within the department.
- All employees, staff and other personnel of MRI Associates of Buffalo, P.C.

OUR LEGAL DUTY

We are required by law to:

- Make sure that Medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Post this notice in our facility.
- Follow terms of the notice that is currently in effect.

HOW WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- **Treatment** – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are taking care of you.
- **Payment** – We may use and disclose medical information about you so that treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party.
- **Healthcare Operations** – We may use and disclose medical information about you for the network operations. These uses and disclosures are necessary to MRI Associates of Buffalo, P.C. and to ensure that all of our patients receive quality care.
- **Appointment Reminders** – We may contact you as a reminder that you have an appointment for treatment or medical care.
- **Treatment Alternatives** – We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services** – We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals involved in Your Care** – While you are in our facility, we may discuss medical information about you with a family member or friend who is involved in your medical care.
- **Research** – Under certain circumstances, we may use and disclose medical information about you for research purposes.
- **As Required By Law** – We will disclose medical information about you when required to do so by federal, state or local law.

SPECIAL SITUATIONS

- **Organ and Tissue Donation** – If you are an organ donor, we may release medical 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 and Veterans** – If you are a member of the armed forces, upon your authorization, we may release medical information about you as required by military command authorities.
- **Workers' Compensation** – Upon your written authorization, we may release medical information about you for workers' compensation or similar programs.
- **Public Health Risks** – We may disclose medical information about you for public health activities.
- **To Avert a Serious Threat to Health or Safety** – We may use and disclose medical 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.
- **Health Oversight Activities** – We may disclose medical information to a health oversight agency for activities authorized by law such as audits, investigations, inspection and licensure.
- **Lawsuits and Disputes** – If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a judicial subpoena, court order or administrative order as allowed by federal, state or local law.
- **Law Enforcement** – We may release medical information if asked to do so by a law enforcement official.
- **Coroners, Medical Examiners and Funeral Directors** – We may release medical information to a coroner or medical examiner. We may also release medical information about patients to funeral directors as necessary to enable them to carry out their duties.
- **National Security** – We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President of the United States of America and others** – We may disclose medical information about you to authorized officials so they may provide protection to the President of the United States, other officials or other heads of state.
- **Inmates** – If you are an inmate of a correctional facility or under custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- **Rights to Inspect and Copy** – You have the right to inspect and /or receive copies of medical information that may be used to make decisions about your care.
- **Right to Amend** - If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend this information.
- **Right to Accounting Disclosures** – You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of medical information about you.
- **Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.
- **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 paper 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.

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 medical 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 the facility. The notice will contain, on the first page, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the facility, contact the facility's Privacy Officer. All complaints must be submitted in writing.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.
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OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical 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 medical 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 medical information about you for the reasons covered by your written authorization. You understand that we are able to take back any disclosures we have already made with your permission, and we are required to retain our records for the care that we provided.