

NOTICE OF PRIVACY PRACTICES

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

This is your Health Information Privacy Notice from Axiom Imaging of Las Vegas. The goal of our physicians and office is to provide the utmost in quality care for our patients in doing so we strongly believe in protecting the confidentiality and security of information we collect about you.

This notice describes how we protect the personal Health Information of our patients and your rights as a patient with respect to your Personal Health Information (PHI) and how you may exercise those rights.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires our office to maintain the privacy of protected health information and to provide you notice of our legal duties to abide by those privacy practices with respect to PHI.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information that it maintains. You may access a revised notice upon request or by contacting one of our HIPAA point persons or by referring to the most updated notice posted in our waiting area.

For any additional information regarding our HIPAA Medical Information Privacy Policy please ask for or write to our HIPAA Privacy officer listed below. Requests for any restrictions or to revoke any restrictions must be done in person with the person listed below or in written form signed, dated and received via pre-paid certified return receipt mail to:

Reed Davis, Privacy Officer, Axiom Imaging of Las Vegas, 6460 Medical Center Street, Suite 150, Las Vegas, NV 89148. Phone (702) 868-2781 Fax (702) 868-2782.

Under applicable laws our office may use or disclose your PHI for the purpose of carrying out treatment, payment or health care operations. This may be done orally, electronically or by means of paper form.

- **Treatment:** means use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your health care providers, such as when our physicians consult with your primary care physician regarding your condition.

Initials: _____

- **Payment:** means activities such as obtaining or provide benefits, authorization or reimbursement for providing healthcare, collection activities, and utilization review.
- **Health Care Operations:** includes the business aspects of running our practice, such as quality assessment and improvement, providing review and training, auditing functions, cost-management analysis, management and administration purposes and providing quality customer care. An example of this would be to assist in an audit of the quality of care provided by our staff.

We may use and disclose your PHI, without your consent or authorization as required and permitted under Nevada State Law. These laws relate to public health activities and safety issues. An example of this would be someone coming into contact with a communicable disease that could possible become a public health risk.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

You have the right to request the following with respect to your PHI, which you can exercise by presenting a written request to the Privacy Officer at the above listed address.

- The right to request restrictions on certain uses and disclosures of PHI to carry out treatment, payment or healthcare operations. However our office is not required to agree to your requested restriction.
- The right to receive and our office is required to accommodate reasonable request to receive confidential communication of your PHI.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive a copy of the disclosures of your PHI.
- The right to obtain a copy of this notice from our office upon request.

Unless you object, we may disclose to family members, relatives, friends, or other persons identified by you, Protected Health Information that is directly relevant to the person's involvement with your care. In addition, unless you object, we may use or disclose the PHI to notify, identify, or locate a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. Objection to this may be communicated to one of the above listed HPP.

If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to object to this notice, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pick-up medical supplies, x-rays or similar forms of Protected Health Information.

Initials: _____

Any other uses and disclosures will be made only with your written consent and authorization. You have the right to revoke your consent at any time, except to the extent that Axiom Imaging of Las Vegas has taken action in reliance of a prior consent or authorization.

If you believe that your privacy rights have been violated, you may complain to our Privacy Officer at the address and numbers listed above or by contacting the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building 200 Independence Ave. SW, Washington DC 20201. You will not be retaliated against for filing a complaint.

By affixing my signature below, I acknowledge that I have read the foregoing document and that a copy has been made available to me.

Signature

Date