



Notice Regarding Privacy of Medical Information And Consent to Disclosure

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), medical providers and health plans are required to give the patients a clear written explanation of allowable uses and disclosures of medical information and patient rights. This notice is being provided to you in order to comply with this requirement.

It is the policy of Diagnostic Imaging Specialists, P.A. (“DIS”), which any protected health information (“PHI”) obtained with the respect to a patient relation to the diagnosis or treatment of that patient will be held in strict confidence, and will not be disclosed to other parties without the consent of the patient, or as otherwise required or permitted by law. Patients will be permitted to view and obtain a copy of their medical information, and obtain a history of authorized disclosures. Inquires or complaints regarding privacy and disclosure of medical information should be directed to DIS’ privacy official, Frieda Parks.

For this and subsequent episodes of treatment, I understand that I may revoke this consent at anytime. Such revocation should be in writing. As a patient of DIS, I hereby consent to the disclosure of medical and other information as follows:

- 1. PHI may be disclosed to other parties involved in providing medical treatment to me, including hospitals, laboratories, pharmacists, physicians and other parties where DIS reasonably believes that such party has a need to know such PHI in order to provide treatment or diagnosis or assist me in obtaining treatment or diagnosis.**
- 2. DIS may disclose PHI to insurance companies, HMOs, PPOs, employers, government agencies and other parties where necessary in order to obtain payment for services.**
- 3. DIS may use PHI for quality assurance, internal controls, peer review and in other circumstances where the use of such information is reasonably necessary in order to improve the standards or quality of service by DIS.**
- 4. DIS may disclose PHI to third party billing, accounting, and practice management services in order to enable such party to provide billing, practice management and other similar services to DIS. In such event, DIS will take reasonable precautions to prevent further disclosure of such information by such parties.**
- 5. Disclosure of PHI may be made where specifically authorized or requested by me.**
- 6. PHI may be disclosed where specifically permitted or required by HIPAA or other federal or state law.**



7. PHI may be used for the purpose of sending newsletters or other marketing communications by DIS to its patients. However, DIS does not sell mailing lists or any other patient information to third parties, nor does DIS use its patient list for the purpose of mailing or transmitting information on behalf of third parties.

8. PHI may be de-identified with the patient and used for medical research, including the publication of scholarly articles.

9. PHI may be disclosed in response to any subpoena, court order or other judicial determination.

10. PHI may be disclosed to immediate family members or close friends with DIS reasonably believes to be actively involved in my care and treatment where DIS believes I am unable to make an informed decision as to who should receive disclosure of PHI. It is the intent of DIS to comply with all applicable laws and regulations governing disclosure of PHI, and such laws and regulation may change from time to time. In the event any such laws or regulations prohibit the disclosure of PHI even if such disclosure has been consented to by the patient, DIS will comply with the applicable legal requirements.

I, as a patient of DIS, acknowledge receipt of a copy of this Notice Regarding Privacy of Medical Information and Consent to Disclosure, and consent to the disclosure of PHI under the circumstances set forth herein.

This _____ day of _____, 2010.

Signature

Name- Please Print