



NOTICE OF PRIVACY PRACTICES (“NPP”)

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.

Sutter Buttes Imaging Medical Group, Inc. (“Sutter Buttes,” “we,” “us,” or “our”) goal is to take appropriate steps to safeguard protected health information (“PHI”), as defined by HIPAA, that is provided to us. We are required by law to: (i) maintain the privacy of PHI provided to us; (ii) provide notice of our legal duties and privacy practices with respect to PHI; (iii) abide by the terms of our NPP currently in effect; and (iv) notify affected individuals following a breach of unsecured PHI.

WHO WILL FOLLOW THIS NPP

This NPP describes the practices of Sutter Buttes Imaging Medical Group, Inc.’s workforce, as defined by HIPAA.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with information, including, but not limited to:

- Your name, address, and phone number.
- Information relating to your medical history.
- Your insurance information and coverage.
- Information concerning your doctor, nurse or other medical providers.

In addition, we will gather certain PHI about you and will create a record of the care provided to you. Some information also may be provided to us by and we may release to other individuals or organizations that are part of your “circle of care”- such as the referring physician, your other doctors or healthcare providers, and your health plan.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI different ways. Many of the ways in which we may use and disclose PHI will fall within one of the following categories, however, not every use or disclosure in a category will be listed. We may use and/or disclose your PHI in the following ways without your specific or written consent or authorization:

For Treatment. We will use your PHI to furnish services and supplies to you, in accordance with our policies and procedures. For example, we may use your medical history, such as any presence or absence of heart disease or whether you have had prior surgery, before performing requested diagnostic services. We may need to obtain PHI from other sources to in order to perform and interpret diagnostic services. Or, we may be asked to provide your PHI to your primary care physician or other medical providers involved in your care.

For Payment. We will use and disclose your PHI to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the services that we have furnished you. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

For Health Care Operations. We may use and disclose your PHI the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services. We may use and disclose your PHI to help us educate medical staff and employees.

Public Policy Uses and Disclosures. There are a number of public policy reasons why we may your PHI without your authorization:

We may disclose your PHI when we are required to do so by federal, state, or local law.

We may disclose your PHI in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.

We are also permitted to disclose PHI to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally we may disclose PHI to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

We may disclose PHI in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.

We may disclose PHI in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities.

We may release PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may release PHI to organ procurement organizations, transplant centers, and eye or tissue banks.

We may release your PHI to workers' compensation or similar programs.

Your PHI will be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

We may disclose your PHI for legal or administrative proceedings that involve you. We may release your PHI upon order of a court or administrative tribunal. We may also release PHI in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release your PHI to a correctional institution where you are incarcerated or to law enforcement officials.

Our Business Associates. We sometimes work with outside individuals and businesses who help us operate our business successfully. We may disclose your PHI to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your PHI.

Individuals Involved in Your Care or Payment for Your Care. We may disclose PHI to individuals involved in your care or in the payment for your care; this includes people and organizations that are part of your "circle of care" -- such as your other doctors, or aide who may be providing services to you.

Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Treatment Alternatives. We may use and disclose your PHI in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

OTHER USES AND DISCLOSURES OF PHI

We are required to obtain written authorization from you for any uses and disclosures of me PHI other than those described above. If you provide us with such authorization, you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

STATE LAW

We are required to comply with state privacy laws when they are stricter (or more protective of your PHI) than federal law. Some types of sensitive PHI, such as HIV information, genetic information, alcohol and/or substance abuse records and mental health records may be subject to additional confidentiality protections under state or federal law.

INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways in which we use and disclose your PHI beyond those imposed by law. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communications containing your PHI from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy your PHI. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

You have a right to ask for a list of instances when we have disclosed your PHI for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you give us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

To exercise any of your rights, please contact us in writing at Sutter Buttes Imaging Medical Group, Inc. Attn: Gale Noreen, 945 Shasta Street, Suite 100, Yuba City, CA 95991 or by emailing us at privacy@sbmri.net. You have the right to a copy of this NPP in paper form. You may ask us for a copy at any time.

CHANGES TO THIS NPP

We reserve the right to make changes to this NPP at any time. We reserve the right to make the revised NPP effective for PHI we have about you, as well as any PHI we receive in the future. In the event there is a material change to this NPP, the revised NPP will be posted on our website. In addition, you may request a copy of the revised NPP at any time.

COMPLAINTS/COMMENTS

If you have any complaints concerning your rights, you may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov). You also may contact us at Sutter Buttes Imaging Medical Group, Inc. Attn: Art Healy, 945 Shasta Street, Yuba City, CA 95991, or at privacy@sbmri.net.

To obtain more information concerning this NPP, you may contact our Privacy Officer at Sutter Buttes Imaging Medical Group, Inc. Attn: Gale Noreen, 945 Shasta Street, Suite 100, Yuba City, CA 95991, or at privacy@sbmri.net.

You will not be retaliated against for filing a complaint.

This NPP is effective as of April 14, 2021.