INDIVIDUAL RIGHTS
You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it. Under certain circumstances, we may terminate an agreement to a restriction. Notwithstanding the foregoing, effective for services provided to you after February 16, 2010, you have the right to ask us to restrict the disclosure of your personal health information to your health plan for a service we provide to you where you have directly paid us (out of pocket, in full) for that service, in which case we are required to honor your request.

We have the right to request that you receive communications containing your protected health information 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 medical and billing records about you. If you ask for copies of this information, we may charge you a fee for copying and mailing. If we maintain an electronic health record for you, you may request access to your personal health information in electronic format. Instead of providing the personal health information as long as you agree to that and to the cost in advance.

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 request a list of instances when we have used or disclosed your medical information 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.

You have the right to receive prompt notification of a “breach” of your unsecured PHI. Generally, a “breach” is defined as the unauthorized acquisition, access, use or disclosure of PHI that compromises the security or privacy of such information. Security and privacy are considered compromised when the access, use or disclosure poses a significant risk of financial, reputational or other harm to the affected individual.

You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time. You may also obtain a copy of this form at our web site located at www.prapa.com.

To exercise any of your rights, please write to the HIPAA Privacy Officer at Windsor Radiology, 619 Alexander Road, Suite 203, Princeton, NJ 08540.

CHANGES TO THIS NOTICE
We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.

COMPLAINTS AND COMMENTS
If you have any questions about this notice or any complaints about our privacy practices, please contact our HIPAA Privacy Officer at 609-890-3780 or privacy@prapa.com. Written correspondence to the HIPAA Privacy Officer should be sent to Princeton Radiology, 619 Alexander Road, Suite 203, Princeton, NJ 08540.

You also may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov).

We will not take retaliatory action against you for filing a complaint.

REVISED NOTICE - Effective December 1, 2018

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please read it carefully.

This information is being provided in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Our goal is to take appropriate steps to attempt to safeguard any medical or other personal health information (PHI) that is provided to us. We are required to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

This notice describes the practices of the employees and staff of Princeton Radiology Associates and any of its affiliated employers.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal health information (PHI) such as, but not limited to:

- Your name, address, phone number, SS 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 medical information about you and will create a record of the information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

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