



# Guam Radiology Consultants

633 Gov. Carlos Camacho Rd., Suite 210

Tamuning, Guam USA 96913

Tel: (671) 649-1001 Fax: (671) 649-1002

## 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 READ THIS NOTICE CAREFULLY.**

Guam Radiology Consultants (GRC) is committed to protecting the privacy of your health information. This notice describes our legal duties and how we may use or disclose your personal health information, and our practices concerning your health information. For the rest of this notice, "GRC" will refer to all services, service areas, and employees of Guam Radiology Consultants.

## **USES AND DISCLOSURES**

### **TREATMENT**

Your medical information may be used by GRC employees or disclosed to other healthcare providers for the purpose of evaluating your health, diagnosing your medical condition(s), and providing treatment. For example, we may release your medical reports to physicians not listed on your referral in the event that you are referred to a specialist for treatment.

### **PAYMENT**

Your health information may be used to seek payment from your health insurance company, from other sources of coverage, such as automobile insurers or law offices when there is a medical lien involved. For instance, your health plan may request and receive information on dates of service, the type of services provided and the medical condition being treated. Your insurance company may also request a HICFA statement from our offices to document and apply all services to your claim.

### **HEALTH CARE OPERATIONS**

Your health information may also be used to support the management of GRC. For example, information on the services you received from us may be used to support budgeting and financial reporting, and to evaluate, promote and ensure quality to our patients.

### **LAW ENFORCEMENT**

We may also disclose your information to law enforcement agencies, such as the Guam Police Department, Department of Corrections, Child Protective Services, etc., without your permission, to support government audits and inspections, to facilitate law enforcement investigations, legal proceedings or in response to a valid subpoena, or to comply with government mandated reporting.

### **PUBLIC HEALTH REPORTING**

As required by law, we will disclose your health information to Public Health or legal authorities to prevent and aid in controlling communicable diseases.

### **WORKMEN'S COMPENSATION**

We may disclose your health information, to the extent necessary, to comply with laws related to workers' compensation or other similar programs established by law.

### **PARENTAL ACCESS**

A minor child's health information will be disclosed to parents and/or guardians according to local laws.

### **APPOINTMENT REMINDERS**

Employees will use your health information to remind you of your scheduled appointment.

### **VERIFICATION FROM REFERRING PHYSICIANS**

We may have to use your personal information to contact your primary care doctor to verify the exact nature of your referral or to clarify questions we may have regarding your exam. For instance, if you do not bring your referral in with you on the day of your appointment, we may have to contact your doctor to request this information.

## **OFF-ISLAND FILM REQUESTS AND MEDICAL RECORDS REQUESTS**

The nature of our clinic necessitates that we fax your medical records and/or mail your images to hospitals or physicians outside of Guam. We will do so after verifying with the requesting facility, your personal information, such as social security number, only with written authorization signed by you or a designated representative.

## **OTHER USES AND DISCLOSURES**

All other disclosures of your personal health information or its use for any purpose other than those listed above will require your written authorization. You may also designate another individual this authorization, provided we are furnished a copy of this authorization. If you change your mind after authorizing the use or disclosure of your personal health information, you must submit a written revocation of this authorization to our clinic. Please note that this does not affect or undo any use or disclosure of information that occurred before you notified us in writing of this decision.

## **PATIENT RIGHTS**

You have certain rights under the Federal Privacy Standards Act. These rights are:

- The right to request restrictions on the disclosure of your protected health information.
- The right to receive confidential communication regarding your medical condition and any treatment you may receive from GRC.
- The right to inspect and receive a copy of your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom we have released your personal health information.
- The right to receive a printed copy of this notice.

## **OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION**

We are required by federal law to maintain the privacy of your protected health information and to provide you with a copy of our privacy practices. We are also required to comply with the practices outlined in this notice.

As allowed by law we reserve the right to amend or modify our privacy policies in accordance with federal or local laws. If we amend our policies, we will provide you with a revised copy on your next visit to our clinic. The revised policy will apply to all protected health information that we maintain.

Requests to access or inspect your protected health information must be submitted in writing. As permitted by federal regulation, you may obtain or furnish a written authorization request to access your records by contacting the HIPAA Compliance officer for GRC.

## **FEDERAL PRIVACY LAWS**

This Notice of Privacy Practices policy is provided to you as a requirement of the Health Information Insurance Portability and Accountability Act of 1996 (HIPAA).

This describes how may use or disclose your personal health information, to whom we may have released this information and the precautions that we take to ensure your privacy.

## **ACKNOWLEDGEMENT OF HIPAA POLICY**

You will be asked to initial on your patient information sheet that you have read these policies. At your request, we will furnish you with a written copy for you to take with you.

## **COMPLAINTS**

It is your right to submit a comment(s) or complaint(s) about our privacy practices. You can do so by submitting a letter that outlines your concerns to the HIPAA Compliance Officer for GRC. You will not be penalized or retaliated against for filing a complaint. Please address your correspondence to:

Guam Radiology Consultants  
ATTN: HIPAA Compliance Officer  
Guam Medical Plaza  
633 Governor Carlos Camacho Road Suite 210  
Tamuning, Guam 96913