



Notice of Privacy Practice

CHANGES TO THIS NOTICE

We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the medical practice. In addition, each time you are seen for treatment or health care services as an outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the medical practice by contacting Patti Nunn at 760-806-4355. If you are not satisfied with the way our practice has handled your complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509 F HHH Building
Washington, DC 20201

All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

We recommend:
See the U.S. Dept. of Health and Human Services/AMA website for more answers to your HIPAA Privacy questions:
www.ama-assn.org/ama/pub/category/423.4.html

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provided us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**P.E.T. IMAGING OF
NORTH COUNTY, LLC
DBA
REGENTS IMAGING**

Mailing Address:
3909 Waring Road, Suite C
Oceanside, Ca. 92056

Phone: 760-630-0014
Fax: 760-630-0015

Security Officer
Phone: 760-806-4355
Fax: 760-806-4363

Web Site: www.regentsimaging.com

**P.E.T. IMAGING OF NORTH
COUNTY, LLC
DBA
REGENTS IMAGING**

NOTICE OF PRIVACY PRACTICES

**PRIVACY OFFICER
PATTI NUNN
760-806-4355**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your help is personal. We are committed to protecting medical information about you. We create a record of the care and services you received at the medical practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the

records of your case generated by P.E.T. Imaging Of North County, LLC, DBA Regents Imaging, whether made by medical practice personnel or your radiology provider. WHAT YOU CAN EXPECT FROM US

WE ARE REQUIRED BY LAW TO:

- Make sure that medical information that identifies you is kept private:
- Give you this notice of our legal duties and privacy practices with respect to medical information about you and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, medical student, or other medical practice personnel who are involved in taking care of you at the medical practice.

FOR PAYMENT:

We may use and disclose medical information about you so that the treatment and services you receive at the medical practice may be billed to you and payment may be collected from you, an insurance company, or a third party.

For Health Care Operation: We may use and disclose medical information about you for medical practice operations. These uses and disclosures are necessary to run the medical practice and make sure that all of our patients receive quality care.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care by the medical practice.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternative that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health- related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research, approval process.

As Required by Law: We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public another person. Any disclosure, however would only be someone able to help prevent the threat.

YOUR RIGHT AS A PATIENT

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment, payment and health care operation, as those functions are describe above.

Right to Request Confidential

Communications: you have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

Right to a Paper Copy of This Notice:

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

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Security Officer: Patti Nunn
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