



## Notice of Information Practices And Privacy Statement

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**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.**

*Picture Perfect Ultrasound* is **committed** to protecting medical information about you. This Notice describes our privacy practices and that of all its employees and staff. This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

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

### **HOW PICTURE PERFECT ULTRASOUND MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways *Picture Perfect Ultrasound* uses and discloses medical information. For each category 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.

**Ultrasound Exams & Images.** We may use and disclose medical information about you to provide you with medical treatment or services. For example, your ultrasound images will be sent confidentially to *Picture Perfect Ultrasound* licensed radiologists for interpretation. Those results are then sent confidentially to your referring doctor who will then follow-up with you regarding the ultrasound exam results.

**Payment.** We may use and disclose medical information about you so that the services you receive at our office may be billed and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about services you received at our office so your health plan will pay us or reimburse you for the service.

**Health Care Operations.** We may use and disclose medical information about you for our office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use information to review our services and to evaluate the performance of our staff in caring for you.

**Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment for services in our office.

**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.

**Individuals Involved in Your Care or Payment for Your Care.** We may release information about you to a close personal friend or family member who is involved in your medical care or payment for your care. It is required by law to have you, the patient, or legal guardian of said patient, sign a HIPAA Privacy Authorization form giving *Picture Perfect Ultrasound* permission to release or discuss your medical information to individual(s) your designate.



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**Special Purposes When Permitted or Required by Law.** We may disclose medical information about you for special purposes when permitted or required by law, including the following:

- To avert a serious threat to health or safety against you, the public or another person.
- For public health and administrative oversight activities such as disease control, abuse or neglect reporting, health and vital statistics, audits, investigations, and licensure reviews.
- To workers' compensation or similar programs for the payment benefits for work-related injuries.
- To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody is inmates, legal and administrative actions, and criminal activity.
- For U.S. military and veteran reporting regarding members and veterans of the armed forces of U.S. or foreign military.

**State and Other Federal Laws.** We will comply with all applicable state and federal laws and guidelines.

**Other Uses of Medical Information Require an Authorization.** 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 authorization. If you provide us an authorization to use or disclose medical information about you, you may revoke that authorization; we will no longer use or disclose medical information about you for the reasons covered by the written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have many rights with regard to your medical information. If you wish to exercise any of these rights, you must submit your request in writing, unless otherwise noted.

**Your 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. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

**Your 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. You have the right to add a statement. You must provide a reason that supports your request for an amendment.

**Right to 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.

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Picture Perfect Ultrasound. You may also file a complaint directly with the Secretary of the Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

### **CHANGES TO THIS NOTICE**

We reserve the right to change 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 make copies available upon request.