

VALLEY MRI AND RADIOLOGY, INC.

STOCKTON (209)467-1000

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PATIENT NAME:

PRIVACY POLICY

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. All of our employees, managers and doctors continually undergo HIPAA training. It is our policy to properly determine appropriate use of PHI in accordance with the government rules, laws and regulations. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

You may **refuse** to consent to the use or disclosure of your personal health information, **but this must be in writing**. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent, at some future time you may request to refuse all or part of your consent. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

PATIENT NAME:

DATE:

Signature: _____

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