VALLEY
MRI & RADIOLOGY, INC.

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.

AUTHORIZATION

I authorize the release of any medical information necessary for treatment by my current or future physician or health care provider. I further understand that this information may be transmitted electronically.
Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure, in some cases, is not protected by California law and may no longer be protected by federal confidentiality law (HIPAA).
I authorize Valley MRI And Radiology, Inc. to release to my insurance company any medical information which may be necessary to process my insurance claim.
I authorize the release of information necessary to process this claim and assign benefits payable for services directly to Valley MRI And Radiology, Inc.
This assignment will remain in effect until revoked by me in writing.
A copy of this assignment is to be considered as valid as the original.
If I receive an insurance payment directly, I agree to make full payment immediately to Valley MRI And Radiology Inc.
I understand that in the event my insurance company denies this claim, I will be held financially responsible for all charges when applicable.

REQUEST FOR MEDICAL RECORDS POLICY

Any patient has the right to request medical records. All efforts will be made to handle each request in a timely manner. Due to patient load, privacy issues and obtaining accurate information, we will require **48 HOUR NOTICE** to process your request. All requests must be made in writing with specific items requested.

PATIENT NAME:	DATE:

Signature: _____

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