

CT/MRI ASSOCIATES//TOLEDO MEDICAL IMAGING
5660 Monroe Street, Suite 7, Sylvania, Ohio 43560
419-885-5770//419-882-3333

Although your health record is the physical property of this office, you have the right to:

Inspect and Copy: You have the right to view your Protected Health Information, obtain a copy of the information of both. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Amend: If you feel that the medical information is incorrect or incomplete, you may ask us to amend (not change) the information. We may deny your request for amendment and, if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosure: You have the right to request a list of certain disclosures we make of your medical information for purposes other than treatment, payment, or healthcare operations.

Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you. We are not required to agree to your request. If we do agree to the requested restriction, it will be honored with the exception of permitted disclosure, including emergency treatment, public health authority, Food & Drug Administration, work-related injury, and OSHA compliance.

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 time (for example, at work or by US Mail). We will grant this request only if it is submitted in writing. We reserve the right to contact you by other means and at other locations if you to respond to any communications from us that requires a response.

A Paper Copy of This Notice: You may ask us to give you a copy of this notice.

If you have any questions about this notice, Please contact our Privacy Officer at (850)543-7726.

We reserve the right to change this notice and to make the new provisions effective for all Protected Health Information we maintain from the first date of your health record. The current notice will be posted and will include the effective date.

If you believe that your privacy rights have been violated, you may file a complaint with the Privacy Officer for our office, Michael Munro. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You may revoke your permission to use or disclose medical information about you, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that we 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.

Acknowledgement of Receipt of Notice of Privacy Practices, Office of CT/MRI Associates//Toledo Medical Imaging: By signing this document, I acknowledgement that I have read a copy of this office's Notice of Privacy Practices.

Print Name

Signature

Date