HIPPA Notice of Privacy Practices

CNMRI 2.0

Effective Date 10/1/2025

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION.

This notice describes our privacy practices. Please review it carefully.

We will request you sign an electronic acknowledgement that you understand your privacy notice. This will be kept on file with our office.

We reserve the right to change or revise this notice.

If you have any questions please contact the CNMRI 2.0 practice manager/privacy office at 302-315-4011.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We created a record of the care and services you receive from us. We need to record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

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

HOW WE MAY USE AND DISCLOSURE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Note 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 health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students or other personnel who are involved in taking care of you. They may work at our office, at the hospital if you are hospitalized under or supervision, or at another doctors office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays,to perform lab test, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the health process. In addition, the doctor may need to tell the dietician at the hospital if you have diabetes so that we can arrange for the appropriate meals. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

For Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company,or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose health information about you for the operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to see where we can make improvements. We may remove information that identifies you from this set of health information so that it can be used to study health care delivery without learning who specific patients are.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment,or if you wish to have us use a different phone number or address to contact you for this purpose.

As Required By Law: We will disclose health information about you when required to do so by federal,state or local law. In these cases we never share your information unless you give us written permission.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to health prevent the threat. This includes health information for substance abuse, serious mental illness or emergency situations.

Military and Veterans: If you are a member of the armed forces or separated/discharged from military services, we may release health information about you if requested by military command authorities or the Department of Veterans Affairs as may be applicable.

Worker Compensation: We may release health information about you for workers' compensation or similar programs. This includes billing for compensation claims for payments.

Public Health Risks: We may disclose health information about you for public health activities.
These activities generally include the following:

- To prevent or control disease, injury or disability:
- To report births and deaths:
- To report child abuse or neglect:
- To report reactions to medications or problems with products:
- To notify people of recalls of products they may be using;
- To notify person or organization required to receive information on PDA-regulated products:
- To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or conditions;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse,neglect or domestic violence.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. This includes audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request , or torah lawful process by someone else involved in the dispute.

Law Enforcement: We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant,summons or other similar process;

- In reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About a death we believe may be the results of criminal conduct;
- About criminal conduct at our facility

Coroners,Health Examiners and Funeral Directors: We may release health information to a corner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services for the President and Others: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign healths of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others: (3) for the safety and security of the correctional institution.

Breach of Information: We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding health information we maintain about you.

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. This includes health and billing records.

To inspect and copy your health information that may be used to make decisions about you, you must submit your request in writing to Tammy Rust-Mounts, Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Get an Electronic Copy of Your Medical Record: All medical records by our physicians are available on our EMR through MyChart Community Connect. These notes are available to you for download for free. If you do not have access to our EMR our office will send you a secure link to enroll and access your medical notes.

Transfer of Care Records to Another Provider/Facility: We will provide your medical records to be transferred to another provider or facility at no charge to you after a signed release. If you would like your records sent to another provider you will need to (1) fill out a CNMRI 2.0 medical records release or (2) have the other facility provide your signed release authorizing use to transfer your records.

If we refer you to another specialist or facility we will send your records automatically for continued medical treatment/care. We will also release your health information to any physician that referred you to our facility for treatment.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing, submitted to Tammy Rust-Mounts, Privacy Office, and must be contained on one page of paper legibly handwritten or typed in at least 10 point font size. In addition you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for our practice:
- Is not part of the information which you would be permitted to inspect and copy:
- Is accurate or complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to Accounting of Disclosures: You have the right to request a list accounting for any disclosure of your health information we have made, except for uses and disclosures for treatment, payment and health care operations, as previously described. To request this list of disclosure, you must submit your request in writing to Tammy. Rust-Mounts, Privacy Office. Your request must state a time period which may not be longer than six years.

The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw your modification of your request at that time before any costs are incurred.

We will mail you a list of disclosures in paper form within 30 days of your request , or notify you if we are unable to supply the list within that time period and by what date we can supply the list; this date will not exceed a total of 60 days from the date you made the request

Right to Request Restriction: You have the right to request a restriction or limitation on health information we use to disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request for restriction if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to Tammy Rust-Mounts, Privacy Office. In your request, you must tell us what information you want to omit and to whom you want the limits to apply. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take action.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to Tammy Rust-Mounts, Privacy Office. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request a paper copy of this notice: You have the right to obtain a paper copy of this notice at any time. However, at the time of first service rendered after October 27, 2025, it is required that we ask you to take a copy of this notice. To obtain a copy of this notice you can request it from our privacy officer, Tammy Rust-Mounts or on our website at www.cnmri2.com. Even if you have received a copy of this notice electronically, you still have the right to receive a paper copy upon request.

Changes in this notice: We reserve the right to change this notice. We reserve the right to make the revised change effective for health 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 our facility. The notice will contain on the first page, in the top right hand corner the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

Security Notice in Regards to Your Personal Health Information:

CNMRI 2.0 when transferring your information for purposes of claims, treatment, prior authorization or storing your information uses multi-factoral identification for using any program. Employees are trained in HIPPA and yearly audits are done internally to ensure your information is protected. Past employees are removed from all applications associated with our office.

Complaints: If you believe your privacy rights have been violated, want to make a written complaint or you want further information about your privacy rights you may contact our Privacy Officer at:

CNMRI 2.0

Attn: Tammy Rust-Mounts, Office Manager
111 Neurology Way Milford, DE 19963
302-315-4011
info@cnmri20.com

You also may file a written complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services at:

200 Independence Avenue, S.W
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hippa/complaints

You will not be penalized for filing a complaint.

Acknowledgement of Receipt of this Notice: We will request that you sign a separate form acknowledging you have been offered a paper copy of this notice. If you choose you are not able to sign, a staff member will sign their name and date. This acknowledgement will be filed with your records.