Your Information
Your Rights
Our Responsibility

This Notice of Privacy Practices describes how your medical information may be used and disclosed, and how you can get access to this information.
Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them

Your Choice

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

See page 3 for more information on these rights and how to exercise them

Our Uses and Disclosure

We may use and share your Information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See page 3 & 4 for more information on these uses and disclosures

Your Rights

When it comes to your health, you have certain rights.
This section explains your rights and some of our responsibilities

Get an electronic or paper copy of your medical record

- You can ask to view or obtain an electronic or paper copy of your medical records and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it will affect your care.
- If you pay for service or health care items 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.

Obtain a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those regarding treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another report within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy.

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 on your behalf.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel your rights have been violated, by contacting us using the information on page 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choice

For certain health information, you can tell us your choices about what we share. If you have a clear preference on how we share your information in the situation described below, contact us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosure

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you	***Example:*** A doctor treating you for an injury asks another doctor about your overall health condition.
Run Our Organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** We use health information about you to manage your treatment and service.
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** We give information about you to your health insurance plan to ensure that your services are paid for.

How else can we use or share your health information? We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. Federal laws however, stipulates that before we can share your information for these purposes, certain conditions must be met. For more information see: www.hhs.gov/ocr/privacy/understanding/consumers/index.html.

Help with public health and safety issues

We can share information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing serious threat to anyone's health or safety

Do research

- We can use or share your information for health research

Comply with the law

- We will share information about you if state or federal law require it, including with the department of Health and Human Services if it wants to see that we're complying with federal privacy law

Respond to organ and tissue donation

- We can share health information about you with organ procurement organizations

Work with medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

Oregon Imaging Centers

- Does not create or manage a hospital directory
- Does not provide mental health care or create/maintain psychotherapy notes
- Does not conduct fund raising
- Does not sell patient information

Our Responsibilities

- 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.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For further information see: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

EFFECTIVE DATE OF NOTICE: January 20,2026

This Notice of Privacy applies to the following organization.

This notice applies to Oregon Imaging Centers (OIC), which includes its employees, students, trainees, contracted individuals and others who provide services on behalf of the organization.

This notice covers the health information collected, created and maintained by Oregon Imaging Centers, at its below listed locations.

- **RiverBend Annex:** **123 International Way, Suite 1F-137, Springfield, OR 97477**
- **RiverBend Pavilion:** **3377 RiverBend Drive, Suite 150, Springfield, OR 97477**
- **University District:** **1200 Hilyard St, Suite 330, Eugene, OR 97401**

This notice does not cover care that is received from independent health providers outside of OIC or actions by any health plan, including the OIC health plan for OIC's employees and their covered family members.

Oregon Imaging Centers is not responsible for the acts of the other entities who may provide information to us that becomes a part of your health record.

Questions and Concerns: If you have any questions or concerns related to this Notice of Privacy, please contact Oregon Imaging Centers' Compliance and Privacy officer.

Compliance and Privacy Officer
1200 Hilyard St, Suite 330
Eugene, OR 97401

Phone: 541-284-5167
Fax: 458-215-4072