1. Right to a Copy of This Notice: You have a right to a copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area and our website.

2. Right of Access to Inspect and Copy: You have the right to inspect and request a copy of medical information about you that we maintain in certain groups of records. If you want to inspect your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical record. You may also ask us to send an electronic copy of your medical records to a third party. You may ask us to provide a summary of your health information. If you request a summary, we will charge you a fee for preparing the summary. We will provide you with a detailed explanation of the cost in advance of providing the summary.

3. Right to Amend Medical Information: If you feel that medical information about you is inaccurate or incomplete, you may ask us to amend (which means change or correct) medical information about you that we maintain in your records. If you request an amendment and we deny your request, you have the right to have our decision reviewed by another person.

4. Right to Request Restrictions: You have the right to request restriction and agreement upon the uses and disclosures of your health information. We are not required to agree to your request unless it would be in violation of law. However, if we agree to a restriction, we are not required to agree to an agreement.

5. Right to Request an Accounting of Uses and Disclosures: You have the right to request and receive a copy of medical information about you that we have disclosed within the last three years. The accounting will not include disclosures for which you have given written authorization. We will not charge you a fee for requesting an accounting of disclosures. We will provide you with a summary of your health information. If you request a summary, we will charge you a fee for preparing the summary.

6. Right to Fair Treatment: You have the right to be treated with respect and dignity, in a safe and comfortable environment, free from discrimination or harassment.

7. Right to Privacy: You have the right to be informed about our policies and procedures for protecting the privacy of your health information. You have the right to request and receive a copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area and our website.

8. Right to Opt-Out of Fundraising/Marketing Communications: You have the right to request that we not contact you about fundraising activities or other marketing purposes. If you opt-out of our marketing communications, we will not use or disclose your medical information for fundraising or marketing purposes unless you have given us written authorization to do so.

9. Right to Notice of Privacy Practices: You have the right to receive a copy of this Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area and our website.

10. Right to file a complaint: If you believe that our office or staff has violated your privacy rights, you have the right to file a complaint with the Department of Health and Human Services. If you have any questions or concerns about our privacy practices, you should contact the Privacy Officer at 732-205-0600.

11. Right to inspect or receive a copy of medical information: You have the right to inspect or receive a copy of medical information about you that we maintain in your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing. If in certain limited circumstances related to obtaining insurance coverage. If we wish to use or disclose medical information about you and we may request you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If we would like to revoke your authorization, you may write us a letter revoking your authorization. The letter must include your name, address, telephone number, date of this authorization and your signature and you should send it to the University Radiology Group, 75A Cranbury Road, East Brunswick, NJ 08816.

12. Right to file a complaint: If you believe that our office or staff has violated your privacy rights, you have the right to file a complaint with the Department of Health and Human Services. If you have any questions or concerns about our privacy practices, you should contact the Privacy Officer at 732-205-0600.