

Notice of Health Information Practices

Introduction

Steinberg Diagnostic Medical Imaging (SDMI) is committed to complete compliance with all state and Federal Guidelines with HIPAA. We maintain the privacy and confidentiality of information entrusted to us beyond the legal and ethical standards. This notice discusses the uses and disclosures we will make of your protected health information.

Understanding your Health Record/Information

Each time you visit *SDMI*, a record of your visit is made. *SDMI* collects and maintains oral, written and electronic information to administer our business and to provide care to all patients. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. We maintain physical and electronic safeguards to protect against risk, destruction or misuse.

Notice of Retention of Patient Health Record

State law and other governing bodies require the records of every patient be kept for a minimum length of time. To ensure there is no unauthorized access to the patient information; records shall be purged including but not limited to a period of 7 years, Mammography patients 10 years and if the patient is a minor, the record will be maintained for at least 5 yrs after age of majority which is equivalent to 23 years in Nevada.

Your Health Information Rights

Although your health record is the physical property of *SDMI*, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon your request;
- See or get an electronic or paper copy of your medical record. *SDMI* requests it be in writing. We will provide a copy or a summary of your health information. We may charge a reasonable, cost based fee;
- Request an amendment to your health record. *SDMI* requests it be in writing and we will respond to your request within 30 days;
- Obtain an accounting of disclosures of your health information free of charge within a 12 month period.
- Request confidential communications of your health information by alternative means or at alternative locations;
- Request a restriction on certain uses and disclosures of your information. We are not required to agree to this request. 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, and

- 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 any action.

If you believe your privacy or security rights have been violated, you can file a complaint in writing:

- *SDMI*'s Compliance Officer Sanaa Makram, c/o *SDMI*, 2950 S Maryland Pkwy, Las Vegas, NV 89109; or via email at complianceofficer@sdmi-lv.com.
- Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg. Washington, D.C., 20201
- <https://www.hhs.gov/sites/default/files/ocr-60-da-y-frn-hip-complaint-form-508r-11302022.pdf>
- There will be no retaliation for filing a complaint.

Your Choices

For certain health information you can tell us your choice about what we share. Tell us what you want us to do and we will follow your instructions:

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

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it's in your best interest. We may also share your information when needed to lessen a serious or imminent threat to health or safety.

Our Responsibilities

SDMI is required to:

- Maintain the privacy and security of your health information,
- Abide by the terms of this notice,
- To notify you when there is a breach of unsecured protected health information, and
- We will not share your information other than as described here without your written permission. We will discontinue using or disclosing your health information after we have received written revocation.

SDMI will never share your information unless you give us written permission to:

- Marketing purposes,
- Sale of your protected health information,
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We do not use your PHI for fundraising efforts.

Uses and Disclosures We May Make without Written Authorization

For Treatment: We can use medical information to provide you with treatment or services. We can disclose medical information to other professionals who are involved in your care. We will also provide your physician or a subsequent health care provider with copies of various reports or radiology images that should assist him or her in treating you.

For Payment: We can use and disclose medical information to bill and get payment from health plans or other entities.

For Health Care Operations: We can use and disclose medical information to run our practice, improve care, and contact you when necessary. *SDMI* shares PHI with Business Associates for lawful purposes.

Data Notification Purposes: We will use your contact information to provide a legally required notice of unauthorized acquisition, access, or disclosure of your protected health information. We will send notice directly to you.

Appointment/Bill Reminders: Unless you direct us not to, we may use and disclose your medical information to contact you by telephone, email or text message as a reminder that you have an appointment or bill due. *SDMI* may send you emails, or text messages, and may leave a message on an answering machine or with a third party about the appointment or bill due. The information in the messages may contain limited protected health information. *SDMI* utilizes an automated reminder system that may contact you on your mobile number if you provided your mobile number to us as the preferred phone number. You have the right to opt out of communications to your mobile device at any time by responding “STOP” in response to text messages. You can also contact *SDMI* at stoptext@sdmi-lv.com to STOP all communication to your mobile device.

Research: We can disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Medical Examiners and Funeral Directors: We can disclose health information to such entities consistent with applicable law to carry out their duties.

Organ procurement organization: We can disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Public Health: SDMI can disclose PHI as required by laws that mandate the reporting of certain types of wounds, preventing or controlling disease, injury or disability.

Health Oversight Agency: SDMI can disclose PHI to a health oversight agency for oversight activities authorized by law, including, but not limited to audits, civil, administrative or criminal investigations, and licensure or disciplinary action.

Military & Veterans: If you are a member of the armed forces, we can release medical information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers Compensation: We can disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Food and Drug Administration (FDA): We can disclose to the FDA health information relative to adverse events with regards to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Judicial Proceedings: SDMI can disclose PHI to comply with a court order, a court ordered subpoena, or a grand jury subpoena. These disclosures will be limited to the minimum necessary standard.

Correctional institution: Should you be an inmate of a correctional institution, we can disclose to the institution or agents there of health information necessary for your health and the health and safety of others.

Law Enforcement: SDMI can disclose PHI about an individual when we reasonably believe the individual to be a victim of abuse, neglect, or domestic violence and the provider of care using his/her professional judgment believes this disclosure is necessary to prevent serious harm to the individual or to other potential victims.

SDMI may also disclose PHI if the disclosure is required by law and the disclosure is limited to the minimum necessary standard or the individual consents to the disclosure. Such disclosures may be made to a government authority authorized by law to receive such reports (including a social service or protective services agency).

SDMI may use or disclose PHI in response to a law enforcement official's request, for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that the disclosed information is limited to the minimum necessary.

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



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We reserve the right to change our policies and practices concerning the privacy of your medical information we already have about you as well as any information we receive in the future. Should our information practices change, we will post a copy of the revised notice in our front lobby at each of our locations and on our company website and you are entitled to a copy upon request. The notice current revision is effective **April 2026**.

