

NORTHWEST RADIOLOGISTS
MT BAKER IMAGING

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 READ IT CAREFULLY.

Our goal is to take appropriate steps in attempting to safeguard any medical or other personal information that is provided to us. We are required to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of our employees and staff:

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address, phone number(s), Social Security number, date of birth and employer information.
- Your insurance information and coverage.
- Relevant past and present medical information provided by you and/or your health care provider.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your "circle of care" – such as the referring physician, your other doctors, your health plan, and close friends or family members.

SHARED ELECTRONIC RECORD

To promote quality care, Mt Baker Imaging/Northwest Radiologists participates in a shared electronic health record operated by PeaceHealth and Northwest Radiologists. The electronic health record is a computer system that keeps information about you, your health, and the care you receive. We and other outside providers add health information about you and read what other providers put in. For example, if you had to go to the St. Joseph Hospital emergency room, the nurse and physician treating you would be able to find out about your health history, medica-tions you are on, and other information from the providers at St. Joseph Hospital as well as other community physicians in order to treat your emergency, including our imaging studies/results.

Not all information about you is kept in the shared electronic record. Some of your health information is kept on paper and in other media. Not every provider that treats you looks at and/or adds information in the shared electronic record. This Notice does not apply to access to the shared electronic record by non-Mt Baker Imaging/Northwest Radiologists providers. Mt Baker Imaging/ Northwest Radiologists is not responsible for actions by other providers or facilities that have access to the shared electronic record.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

For Treatment. We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures. For example, we will use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested ultrasound or other diagnostic services.

For Payment. We will use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the ultrasound examinations or other services that we have furnished you. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

For Health Care Operations. We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services.

Public Policy Uses and Disclosures. There are a number of public policy reasons why we may disclose information about you.

We may disclose health information about you when we are required to do so by federal, state, or local law.

We may disclose protected health information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, at the direction of a public health authority, or to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration, and the Environmental Protection Agency, to name a few.

We are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally, we may disclose protected health information to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

We may disclose your protected health information in situations of domestic abuse or elder abuse.

We may disclose protected health information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.

We may disclose information in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities.

We may release personal health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may release personal health information to organ procurement organizations, transplant centers, and eye or tissue banks.

We may release your personal health information to workers' compensation or similar programs.

Information about you also will be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

We may use or disclose certain personal health information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your protected health information to prepare or analyze a research protocol and for other research purposes.

If you are a member of the Armed Forces, we may release personal health information about you as required by military command authorities. We also may release personal health information about foreign military personnel to the appropriate foreign military authority.

We may disclose your protected health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials.

Finally, we may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

If we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Our Business Associates. We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your personal and identifiable health information.

Individuals Involved in Your Care or Payment for Your Care. We may disclose information to individuals involved in your care or in the payment for your care, but we will obtain your agreement before doing so. This includes people and organizations that are part of your "circle of care" – such as your spouse, your other doctors, or an aide who may be providing services to you. Although we must be able to speak with your other physicians or health care providers, you can let us know if we should not speak with other individuals, such as your spouse or family.

Appointment Reminder. We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Treatment Alternatives. We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

SMS Communications Privacy Policy

If you opt in to receive text messages from Mt. Baker Imaging/Northwest Radiologists, the following applies to that communication channel specifically, in addition to the privacy practices described elsewhere in this policy:

How we use your mobile information

We use your mobile phone number and related opt-in consent solely to send you the text messages you've agreed to receive, such as appointment reminders, rescheduling notices, and post-visit surveys.

Data sharing

Mobile information and text messaging opt-in consent will not be shared with third parties or affiliates for marketing or promotional purposes. This applies regardless of any other data-sharing terms described elsewhere in this policy for other purposes (e.g., treatment, payment, or healthcare operations as permitted under HIPAA).

No sale of information

We do not sell, rent, or trade your mobile number or SMS opt-in data to any third party.

How to contact us

If you have questions about how your information is used in connection with text messaging, contact us at:

- Phone: (360)733-0430

Opting out

You may withdraw consent to receive text messages at any time by replying 9 to any message. This will not affect any other communications or services described in this Privacy Policy.

Related terms

Full messaging terms, including message frequency and support information, are available in our Messaging Terms & Conditions .

INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations.

Except under certain circumstances, you have the right to inspect and copy medical and billing records about you. If you ask for copies of this information, we may charge you a fee for copying and mailing. Any requests to inspect and/or obtain a copy of your medical record must be submitted to Mt Baker Imaging/Northwest Radiologists in writing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

You have a right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you give us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time.

You may also obtain a copy of this form at our web site www.mtbakerimaging.com/npp/

To exercise any of your rights, please do so in writing addressed to:

Mt Baker Imaging/Northwest Radiologists
HIPAA Privacy Officer
2930 Squalicum Parkway, Ste 101
Bellingham, WA 98225

CHANGES TO THIS NOTICE

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised Notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.

COMPLAINTS/COMMENTS

If you have any complaints concerning our Privacy Policy, 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, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**

You may also contact our HIPAA Officer at:
2930 Squalicum Parkway, Ste 101
Bellingham, WA 98225
Phone #: (360) 733-0430

To obtain more information concerning this Notice of Privacy Practices, you may contact our Privacy Officer at:
2930 Squalicum Parkway, Ste 101
Bellingham, WA 98225
Phone #: (360) 733-0430

This Privacy Policy was created on May 18, 2006 and last reviewed/revised on October 27, 2026