

NOTICE OF PRIVACY PRACTICES

Effective Date: February 1, 2026

Stockdale Radiology • 4000 Empire Dr., Suite 100 • Bakersfield, CA 93309

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 respect your privacy and are committed to protecting your medical information. This Notice describes your rights and our responsibilities regarding your Protected Health Information (“PHI”) under the Health Insurance Portability and Accountability Act (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”), and California’s Confidentiality of Medical Information Act (“CMIA”).

Our Legal Responsibilities

We are required by federal and state law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of this Notice currently in effect.
- Notify you promptly if a breach compromises the privacy or security of your information.

We may update this Notice at any time, as allowed by law. Any changes apply to all PHI we maintain, including information collected before the change. A current version will be posted in our office and on our website.

How We May Use and Disclose Your Health Information

We may use or disclose your PHI for the following purposes without your written authorization:

Treatment

- To provide, coordinate, or manage your healthcare. For example, sharing your imaging results with your referring physician.

Payment

- To bill and collect payment for services provided. For example, submitting claims to your insurance.

Healthcare Operations

- To support the functioning of our practice. For example, quality assessment, licensing, and credentialing activities.

Business Associates

- We may disclose your PHI to third parties who perform services on our behalf (e.g., billing, IT). They must comply with HIPAA through Business Associate Agreements.

Other Permitted Uses and Disclosures

We may also use or disclose your PHI without authorization for the following:

- Required by Law – e.g., subpoenas, audits.

- Public Health & Safety – e.g., to prevent disease, report abuse, or avert serious threats.
- Health Oversight Activities – for inspections, audits, or investigations.
- Judicial and Administrative Proceedings – in response to court orders.
- Law Enforcement – as required by law or for specific law enforcement purposes.
- Organ and Tissue Donation – with appropriate authorizations.
- Coroners, Medical Examiners – for identification or determining cause of death.
- Research – under specific safeguards.
- Workers 'Compensation – as required by state laws.
- Military & National Security – for Armed Forces or lawful intelligence activities.
- Correctional Institutions – if you are in custody.

Disclosures Requiring Your Written Authorization

- We will not use or disclose your PHI for the following without your express written permission:
 - Marketing communications not related to your care.
 - Sale of PHI.
 - Most fundraising communications (you may opt out of any permitted fundraising contact).
 - Psychotherapy notes (where applicable).

You may revoke your authorization at any time, in writing. Revocation will not affect disclosures already made.

Patient Involvement and Family Members

We may share relevant PHI with your family, friends, or caregivers:

- With your verbal or written agreement.
- If you are unavailable or incapacitated, and we determine it is in your best interest, using our professional judgment.

Your Rights Regarding Your Health Information

Right to Access

- You may inspect or receive a copy of your health records, including in electronic format, within 30 days of request. We may charge a reasonable, cost-based fee.

Right to Amend

- You may request a correction to your records if you believe they are incorrect or incomplete. We may deny requests under certain circumstances.

Right to an Accounting of Disclosures

- You may request a list of non-routine disclosures of your PHI made in the past 6 years, excluding TPO.

Right to Request Restrictions

You may ask us to limit how we use or share your PHI. We are not required to agree, except when:

- You pay for a service entirely out-of-pocket, and
- You request that we not share that information with your health plan.

Right to Request Confidential Communications

- You may request that we contact you in a specific way (e.g., at work or via mail). We will accommodate reasonable requests.

Right to a Paper Copy

- You may request a paper copy of this Notice, even if you received it electronically.

Special Rights Under California Law (CMIA)

California law offers additional protections for medical information, including:

- Stricter limits on re-disclosure without your consent.
- Additional rights regarding the confidentiality of sensitive services.
- Breach notification obligations under Cal. Civ. Code § 1798.82.

We comply with both federal and California privacy laws and will follow the law that offers the most protection.

Complaints or Concerns

If you believe your privacy rights have been violated, you may file a complaint with:

Office for Civil Rights – U.S. Dept. of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: (415) 437-8310
Website: www.hhs.gov/ocr

You may also contact our Privacy Officer:

Privacy Contact:
Linda Craig
Stockdale Radiology
4000 Empire Dr., Suite 100
Bakersfield, CA 93309
Phone: (661) 631-8000
Fax: (661) 631-8005

You will not be retaliated against for filing a complaint.

Alternate Language & Accessibility Support

This Notice is available in Spanish and in alternative formats upon request. If you need help accessing or understanding this Notice due to a disability or language barrier, please let us know.

Acknowledgment of Receipt

You may be asked to sign a separate form acknowledging that you received this Notice. This acknowledgment is not required to receive care.

Please retain this document for your records.