# CLEARVIEW MRI

## 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.**

### Who this notice covers

This is one notice for every Clearview MRI location listed at the end. It describes how each of those locations uses and shares health information. Each location agrees to follow it. The locations are separate businesses, and each has its own tax identification number. They use the Clearview MRI name, one website, and one main phone number.

A location may share your health information with another Clearview MRI location when that is needed to treat you, or to bill for the exam a location performed. When both locations are involved in your care, they may also share the information needed to review the quality of that care. For example, one location may send images or the report to another Clearview MRI location taking part in your exam, or share scheduling information needed to bill for that exam.

“Health information” in this notice means information that identifies you and relates to your past, present, or future physical or mental health or condition, the care we provide, or payment for that care. The law calls this protected health information.

### Your rights

When it comes to your health information, you have the rights below. To use a right, contact the Privacy Officer at the end of this notice, or ask the location where you are seen. We will tell you if we need the request in writing.

**Get a copy of your imaging record.** You may ask to see or get an electronic or paper copy of the health information we use to make decisions about you, including your images and the report. Ask us how. We will act on your request within 30 days. If we can provide the copy, we will do that within those 30 days. If we need more time, we may take up to 30 more days, and we will tell you in writing why and the date we will finish. We will do that only once. If we keep the record electronically and you ask for an electronic copy, we will provide it in the electronic form you ask for when we readily can. We may charge a reasonable, cost-based fee allowed by law. That fee is limited to the labor of copying, supplies if you ask for a copy on portable media, postage if you ask us to mail it, and a summary or explanation only if you agree to it in advance. We will tell you the cost before we charge you. We will not refuse you a copy because you have an unpaid bill for your care. If we deny your request, we will tell you why in writing and, when the law gives you a review, how to ask for it.

**Oregon — Social Security disability appeals.** If you are appealing a denial of Social Security disability benefits, you may ask for one free copy of the health information Oregon law covers for that appeal. We will provide it in paper or electronic form, as you choose.

**Ask us to correct your record.** If you believe information we have about you is wrong or incomplete, you may ask us to amend it. Tell us, in writing, what you want changed and why. We may say no if we did not create the information, if it is not part of the record we keep, if it is not information you are allowed

to see, or if we believe the record is already accurate and complete. If we say no, we will tell you why in writing. You may send a short statement of why you disagree, and we will keep it with the record.

**Ask us to limit what we share.** You may ask us not to use or share certain health information for treatment, payment, or our operations, or not to share it with a family member or friend involved in your care. We are not required to agree to every request. If we do agree, we will follow that limit unless the information is needed to treat you in an emergency or the law requires us to share it.

**Pay in full, and we must agree to one limit.** If you, or someone other than your health plan, pay us in full for a specific item or service, you may ask us not to share information about that item or service with your health plan for payment or for our operations. We must agree when the information is only about that item or service and a law does not otherwise require the disclosure.

**Ask us to contact you in a confidential way.** You may ask us to contact you in a specific way or at a specific place. For example, you may ask us to call a cell phone instead of a home phone, to send mail to a different address, or not to leave a voicemail. We will agree to a reasonable request. Tell us in writing if we ask you to.

**Get a list of certain disclosures.** You may ask for a list of the times we have shared your health information, who we shared it with, and why. The list covers up to six years before the date you ask. It will not include shares for treatment, payment, and health care operations, or certain other shares, such as those you asked us to make. The first list in any 12-month period is free. If you ask for another list in that period, we may charge a reasonable cost, and we will tell you the cost before we prepare it.

**Get a paper copy of this notice.** You may ask for a paper copy of this notice at any time, even if you agreed to receive it by email. We will give it to you.

**Choose someone to act for you.** If you have given someone a medical power of attorney, or if someone is your legal guardian or is otherwise allowed by law to make health decisions for you, that person may exercise your rights and make choices about your health information. We will ask for documentation of that authority before we treat the person as your representative.

**File a complaint if you believe your privacy rights have been violated.** You may complain to us, using the contact information at the end of this notice, or to the U.S. Department of Health and Human Services, Office for Civil Rights. You may send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit www.hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

## Your choices

For certain health information, you can tell us your choices about what we share. If you cannot tell us your choice, for example if you are unconscious, we may share information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

**People involved in your care.** We may share information with a family member, a close friend, or another person you tell us is involved in your care or in paying for your care. We may also share information with a disaster-relief organization so your family can be told where you are and how you are doing. You may ask us not to.

**Appointment messages.** You may tell us how you want to be reached, and you may say no to text messages. Text messages are optional. They are not required for you to be seen, to have a study, or to have your insurance billed. See “Email, text messages, and appointment reminders” below.

We do not sell health information. We do not use health information to market third-party products. We do not create or keep a hospital-style patient directory. We do not contact patients to raise funds for Clearview MRI. If that changes, we will revise this notice before we do it, and we will tell you that you can opt out.

## Our uses and disclosures

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: We send your images and the radiologist's report to the doctor who referred you, or we share information with a specialist your doctor asks us to involve.*

**Bill for your services.** We can use and share your health information to bill and get payment from health plans and others who pay for your care.

*Example: We give your health plan the information it needs to pay for your exam, such as your name, the exam performed, and the diagnosis information the plan requires.*

**Run our practice.** We can use and share your health information to run the Clearview MRI locations, improve your care, and contact you when necessary.

*Example: We use information about your exam to review the quality of our images and reports, to train our workforce, and to evaluate our services. We may also share information with companies that do work for us, such as a billing service, an information-technology vendor, or a company that sends appointment messages. Those companies may use the information only for the work we ask them to do, and they must protect it.*

## Email, text messages, and appointment reminders

We may contact you by telephone, voicemail, mail, or a secure patient portal about an appointment, scheduling, confirmation, rescheduling, preparation, and related appointment logistics. If we reach voicemail, we may leave the location, date, and time of the appointment and a number to call us back. Tell us if you do not want a voicemail.

We may also contact you by email or by text message when you have agreed to that method.

- Text messages about appointments are sent by Clearview MRI from (971) 351-3127. They cover scheduling, reminders, confirmation, rescheduling, preparation instructions, and related appointment logistics. Text messages that include a link related to a bill or an estimate are sent from (503) 966-2667.
- Text messages are voluntary. Agreeing to them is not a condition of treatment, payment, enrollment, eligibility, or receiving services. An opt-in box will not be checked for you.
- You may stop text messages at any time. Reply STOP to a message, or contact us by phone or email using the information at the end of this notice. You may also use a similar word, such as QUIT, CANCEL, or UNSUBSCRIBE. After you stop by text, you may receive one message confirming that you have stopped. We will not send further text messages to that mobile number unless you opt in again.
- Stopping text messages does not stop us from contacting you by phone, mail, portal, or email when the law and your other preferences allow it.

- Ordinary email and ordinary text messages can be read by someone else who has your phone or your account. They may not be encrypted while they are sent. The body of an ordinary text message or ordinary email does not include an imaging report, a test result, a diagnosis, or a debt-collection demand. A separate text may include a link to view images and the imaging report. A separate text may include a link related to a bill or an estimate. The report and the bill are shown after you open the link and sign in. They are not written out in the text.
- If you want us to send health information by ordinary email even so, tell us. We will warn you that someone else could read it. If you still want it sent that way, we can send it. After that warning, we are not responsible for someone reading it while it travels, or for protecting it after it reaches you. We remain responsible for sending it to the address you gave us and for protecting it before we send it. Please tell us if that address is wrong.
- Do not use text messages for an emergency. If you have a medical emergency, call 911.
- Tell us if your mobile number changes or if you no longer control the number you gave us.
- Message frequency varies. You may receive more than one message about a single appointment. Message and data rates may apply. For help with a text message, reply HELP, call (503) 974-8674, or email info@clearviewmri.com.

A vendor may send these messages for us. The vendor may use your mobile number and related information only as needed to deliver, maintain, and secure the messages, and must protect that information. We keep a business associate agreement with a vendor when HIPAA requires one.

## How else we may use or share 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. We have to meet many conditions in the law before we can share your information for these purposes. Oregon law is followed when it limits a disclosure more strictly than HIPAA.

- **Public health and safety.** We may share information for public health activities, such as preventing disease, helping with product recalls, and reporting adverse reactions to medicines or devices.
- **Abuse or neglect.** We may share information with an agency allowed to receive reports of suspected abuse, neglect, or domestic violence, when the law authorizes or requires the report.
- **Health oversight.** We may share information with a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Lawsuits and disputes.** We may share information in response to a court or administrative order, or in response to a subpoena or other lawful process, as the law allows.
- **Law enforcement.** We may share information for law-enforcement purposes when the law allows or requires it, including in response to a court order, warrant, or certain limited requests.
- **Required by law.** We will share information about you if federal, state, or local law requires it.
- **Coroners, medical examiners, and funeral directors.** We may share information with a coroner or medical examiner, and with a funeral director as needed, when a person dies.
- **Organ and tissue donation.** We may share information with an organ-procurement organization to support donation and transplant.
- **Research.** We may use or share information for health research when the law allows it without your written permission, for example when a review board has approved the research and required protections for your privacy. We will ask for your written permission for other research.

- **Workers' compensation.** We may share information for workers' compensation and similar programs that provide benefits for work-related injuries or illness, as the law allows.
- **Avert a serious threat.** We may use or share information when necessary to prevent a serious and imminent threat to the health or safety of a person or the public.
- **Special government functions.** If the law allows it, we may share information for military and veterans activities, national security and intelligence activities, or protective services for the President and others.
- **Inmates.** If you are an inmate of a correctional institution or in the custody of a law-enforcement official, we may share information with the institution or official as the law allows.

**Substance use disorder records.** Clearview MRI is an imaging practice. We are not a substance use disorder treatment program. If we receive substance use disorder treatment records from a program covered by 42 CFR Part 2, or if we are asked for testimony about what those records say, we will not use or disclose those records or that testimony in a civil, criminal, administrative, or legislative proceeding against you unless there is written consent, or a court order entered after notice and an opportunity to be heard, together with a subpoena or another legal requirement compelling disclosure, as 42 CFR Part 2 provides.

**Other laws.** When another law limits a use or disclosure more strictly than HIPAA, we follow the stricter limit. Oregon law can further limit some information, including genetic information when that law applies.

**Information that has been shared.** After we share information as this notice describes, the recipient may share it again, and the same privacy rules may no longer apply. That does not change the limits above on substance use disorder records received from a Part 2 program.

## Uses that need your written permission

Other uses and disclosures of your health information, not described in this notice, will be made only with your written permission. If you give us permission, you may revoke it at any time by writing to the Privacy Officer. Revoking it will not affect information we already used or shared while the permission was in effect, and it will not affect a use or disclosure we are required to make.

- Most uses and disclosures of psychotherapy notes require your written permission. We do not create psychotherapy notes.
- We will not use or share your information for marketing, as the law defines marketing, without your written permission.
- We will not sell your health information without your written permission.

## 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. You may change your mind at any time. Let us know in writing if you change your mind.

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 on request, posted at our locations, and posted on our website.

## Questions, complaints, and contact

If you want more information about this notice, or if you want to file a complaint with us, contact:

**Pam Wark, Privacy Officer**
Clearview MRI
9200 SE 91st Avenue, Suite 330
Happy Valley, OR 97086
Phone: (503) 974-8674
Email: pwark@clearviewmri.com

You may also ask any Clearview MRI location to help you reach the Privacy Officer. Please do not send health information through the general contact form on our website.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue, S.W., Washington, D.C. 20201, by phone at 1-877-696-6775, or at www.hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

For help with a text message, reply HELP, call (503) 974-8674, or email info@clearviewmri.com. The texting number for appointment messages is (971) 351-3127. The texting number for messages with a link related to a bill or an estimate is (503) 966-2667.

## Locations covered by this notice

This notice applies at these Clearview MRI service locations. The phone number for every location is (503) 974-8674.

- **Tigard —** 15755 SW Sequoia Parkway, Suite 100, Tigard, OR 97224
- **Beaverton —** 17885 NW Evergreen Place, Suite 100, Beaverton, OR 97006
- **Gresham —** 24076 SE Stark Street, Suite 180, Gresham, OR 97030
- **Happy Valley —** 9200 SE 91st Avenue, Suite 330, Happy Valley, OR 97086
- **Tualatin —** 7591 SW Mohawk Street, Tualatin, OR 97062

The names above are the names and addresses patients use. Ask the Privacy Officer for the legal name of the location that keeps your record.

A location added later is covered only after this notice is revised to list it, or the notice posted at that location says this notice applies.

## Effective date

**Effective date:** 11/1/2026

This notice is first in effect on the date above. That date will not be earlier than the date this notice is printed or posted.

This notice replaces earlier Clearview MRI notices of privacy practices, including the Bridgeport notice, for information we maintain, as of the effective date.