

Notice of Privacy Practices



Element Medical Imaging
Effective date October 26, 2026

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.

This notice applies to protected health information maintained by Element Medical Imaging (Element), including medical images, reports, billing records, and related identifying information. It also explains how we handle mobile information and consent for text messaging. You may request a paper copy at any time, even if you receive this notice electronically.

Our responsibilities

We are required by law to protect the privacy of your health information, provide this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect. We will notify you as required by law if a breach compromises the privacy or security of your unsecured protected health information.

We use safeguards to protect your information and limit uses and disclosures to the minimum necessary when that standard applies. If another applicable federal or state law provides greater protection or limits a use or disclosure described here, we follow that law.

Questions and requests

Contact the Element Medical Imaging Privacy Officer at 913-469-8998 to discuss this notice, exercise your rights, or learn how to submit a written request or complaint. Our staff can help you obtain the appropriate form and submission instructions.

How we use and share information

Treatment

We may use and share information to provide and coordinate your care. For example, we may share your images and report with your referring provider or another treating provider. We may contact you about appointments, follow-up care, treatment options, or health-related services.

Payment

We may use and share information to bill and collect payment for services. For example, we may send information about your exam to your health plan to verify coverage, obtain authorization, or process a claim.

Health care operations and service providers

We may use information to run our practice, improve quality, train staff, evaluate services, and perform administrative activities. We may share information with other providers or health plans for operations when HIPAA permits it. Vendors performing services for us, such as billing, technology, or patient communications, must protect information under the agreements and legal requirements that apply to them.

Other permitted uses and disclosures

We may use or share health information for the purposes below only when applicable legal requirements are met. These permissions do not override the additional protections described in this notice.

People involved in your care

We may share relevant information with family, close friends, or others involved in your care or payment when you agree, have an opportunity to object and do not object, or the law otherwise permits it. If you cannot express your wishes, we may use professional judgment to share information in your best interest. We may also share information for permitted disaster relief and notification purposes.

Public health and safety

We may share information with authorized authorities to report disease, product safety concerns, abuse, neglect, or domestic violence, subject to legal safeguards. We may share information to prevent or lessen a serious and imminent threat to a person or the public when the law permits.

Oversight and legal obligations

We may disclose information for authorized health oversight, such as audits, licensing, or investigations; as required by law; and to the U.S. Department of Health and Human Services to assess our compliance. We may respond to court or administrative orders and other lawful legal processes only when applicable conditions are satisfied. We may disclose information for law enforcement purposes within legal limits.

Other legally permitted purposes

When permitted by law, we may share information for workers' compensation, with coroners, medical examiners, or funeral directors, for organ or tissue donation, and for authorized military, national security, protective services, or correctional purposes. We may use or disclose information for research with your authorization or when the law permits research without it, such as under an approved waiver. We may create information de-identified according to HIPAA standards.

Fundraising

If we contact you for fundraising, you may opt out of future fundraising communications. Your choice will not affect your treatment or payment. Before using records protected by 42 CFR Part 2 for fundraising, we will give you a clear and conspicuous opportunity to choose not to receive those communications.

Uses requiring written authorization

We obtain your written authorization for uses or disclosures not otherwise permitted by law or described in this notice. HIPAA generally requires authorization for marketing, sale of protected health information, and most uses or disclosures of psychotherapy notes, subject to limited legal exceptions. You may revoke an authorization in writing through our Privacy Officer, except to the extent we have already acted in reliance on it.

Information shared with others

Information disclosed as permitted by HIPAA may be redisclosed by the recipient and may no longer be protected by HIPAA. Other laws, including 42 CFR Part 2 when applicable, may continue to restrict its use or disclosure.

Your privacy rights

See or obtain your records

You may request to inspect or receive copies of the medical and billing information we maintain in our designated record sets, including images and reports. We provide the requested format if readily producible, including an electronic format, or agree with you on another readable format. We generally act within 30 days, or sooner if applicable law requires. If a permitted extension is needed, we explain the reason and completion date in writing. Any copying fee will be reasonable, cost-based, and permitted by law. If access is denied, we explain the reason in writing and any right to review.

Ask for a correction

You may request in writing that we amend information you believe is inaccurate or incomplete and explain why. We generally respond within 60 days. If a lawful extension is necessary, we notify you in writing. We may deny a request on grounds allowed by law, explain the decision in writing, and tell you how to submit a statement of disagreement.

Request limits on use or disclosure

You may ask us to limit information used or shared for treatment, payment, or operations, or with people involved in your care. We generally do not have to agree. If we agree, we will follow the restriction except as permitted by law, such as when necessary for emergency treatment. We must honor your request not to disclose information to a health plan for payment or operations when it relates solely to an item or service paid in full by you or someone other than that plan, unless disclosure is required by law. Tell us before the claim is sent whenever possible.

Request confidential communications

You may ask us to communicate in a particular way or at a different location, such as using a different phone number or mailing address. We accommodate reasonable requests and will not require an explanation. Tell us your preferences for voicemail, email, text messages, and other communications.

Request an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request, or a shorter period. The list generally excludes disclosures for treatment, payment, and operations, those made with your authorization, and other legally excluded disclosures. The first accounting in a 12-month period is free. We may charge a reasonable, cost-based fee for additional requests, after telling you the cost and allowing you to withdraw or change the request.

Choose a representative and obtain this notice

A person legally authorized to act for you may exercise your rights, subject to applicable law. We verify the person's authority and its scope. You may obtain a paper copy of this notice promptly upon request, even if you previously agreed to an electronic copy.

File a complaint without retaliation

If you believe your privacy rights were violated, contact our Privacy Officer at 913-469-8998 for instructions to submit a written complaint. You may also complain to the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/hipaa/filing-a-complaint/index.html or by writing to 200 Independence Avenue SW, Washington, DC 20201. We will not retaliate against you for filing a complaint.

Special protections and text messaging

Substance use disorder records

Some substance use disorder treatment records are protected by 42 CFR Part 2. If we receive or maintain these records, we follow the additional protections that apply. A consent for treatment, payment, and health care operations may permit a HIPAA covered entity or business associate receiving these records to use and redisclose them under HIPAA, subject to Part 2 restrictions.

We will not use or disclose Part 2 records, or testimony describing their contents, in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order meeting Part 2 requirements and a subpoena or similar legal mandate. A general treatment, payment, or operations consent does not authorize use in proceedings against you. These protections apply even when other sections of this notice describe disclosures permitted under HIPAA.

Other specially protected information

Additional federal or state protections may apply to certain records, including mental health, HIV-related, genetic, or minor consent records. We obtain additional permission or apply other restrictions when required by the law governing those records.

Text messaging privacy and choices

How we use mobile information

If you opt in to text messages from Element, we use your mobile number and related opt-in consent to send the messages you agreed to receive, such as appointment reminders, rescheduling notices, and post-visit surveys. Text messaging is optional. Declining or withdrawing consent will not affect your access to care. This notice does not itself enroll you in text messaging or replace any required consent.

Sharing and sale restrictions

We do not share mobile information or text messaging opt-in consent with third parties or affiliates for marketing or promotional purposes. We do not sell, rent, or trade your mobile number or SMS opt-in data. These restrictions apply regardless of other sharing permissions in this notice. Service providers may process this information only as needed to operate our messaging service, subject to applicable privacy and security requirements; they may not use it for their own marketing.

Opting out and obtaining help

You may withdraw text messaging consent at any time by following the opt-out instructions in the message, including replying 9 where indicated, or by calling 913-469-8998. Call that number for help, to update your mobile number, or to ask about message frequency and messaging terms. Opting out of texts does not cancel appointments or prevent other appropriate communications. Message frequency varies, and message and data rates may apply.

Privacy risks and communication preferences

Standard text messages may not be encrypted and may be seen by anyone with access to your phone, account, or notification screen. Do not send sensitive medical information by text unless instructed to use an approved secure service. Ask us about another communication method if you prefer. Do not use text messaging for emergencies; call 911.

Changes to this notice

We may change this notice and apply the revised terms to information we already maintain and information received in the future. A revised notice will show its effective date and will be available at our locations and on our website. You may request a current copy from our staff.