Elevated Echo

3010 Santa Fe Ct, Ste 119 • Missoula, MT 59808
Phone: (406) 215-1434 • Fax: (406) 215-1743
contact@elevated-echo.com • elevated-echo.com

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and shared, and how you can access it. Please review it carefully.

This notice applies to all protected health information (PHI) Elevated Echo LLC creates or keeps about you. Effective April 1, 2026.

Our Responsibilities

- Keep your medical information private and secure.
- Give you this notice of our legal duties and privacy practices.
- Follow the terms of this notice while it is in effect.
- Notify you promptly if a breach compromises your unsecured PHI.

How We May Use and Share Your Information Without Your Authorization

Treatment, Payment, and Health Care Operations

- **Treatment:** Share imaging results with your referring provider for your care.
- **Payment:** Send claims and records to your insurance to get paid.
- **Operations:** Use information internally for quality, training, and compliance.

Other Permitted Disclosures

Public health reporting, health oversight (audits), judicial or administrative proceedings, law enforcement, coroners and funeral directors, approved research, workers' compensation, specialized government functions, and appointment reminders or information about our services.

Substance Use Disorder (SUD) Records

If we hold records protected under 42 CFR Part 2, extra federal protections apply and we generally cannot use or disclose them in legal proceedings against you without your consent or a qualifying court order.

Disclosures You Can Object To

We may share information with family, friends, or others involved in your care unless you tell us not to. In an emergency we may share first and give you the chance to object afterward.

Uses That Require Your Written Authorization

We will get your written permission before using or sharing your information for marketing, selling it, or any purpose not described above. You can revoke that authorization at any time in writing.

Your Rights

- Request restrictions on how we use or share your information. We must agree to restrict disclosures to health plans for services you paid for fully out of pocket.
- Ask us to contact you at a specific phone number or address. We will agree to reasonable requests.
- Inspect and get a copy of your records, electronic or paper, with reasonable copy fees.
- Ask us to correct information you believe is wrong or incomplete.
- Get an accounting of certain disclosures from the last six years (one free per year).

- Get a paper or electronic copy of this notice.
- File a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate.

To exercise any of these rights, contact our Privacy Officer using the information at the top of this notice.

Changes to This Notice

We may change our privacy practices and this notice at any time. Any revised notice applies to all information we keep. The current version is posted on our website and available on request.