

**South County Imaging Center
Notice of Health Information Practices**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of South County Imaging Center ("radiology practice") and applies to all of the records of your health care maintained by the radiology practice. Your primary care doctor may have different policies or notices regarding the use and disclosure of medical information created in that doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. It will also describe your rights, and certain obligations we have, regarding the use and disclosure of medical information.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your health information;
- Provide you with a notice of our legal duties and privacy practices with respect to health information that we collect and maintain about you; and
- Abide by the terms of this notice.

We reserve the right to change our practices and to make the new provisions effective for all health information about you that we maintain. Should our practices change, we will revise the notice accordingly and make a revised notice available to you upon request.

We will not use or disclose your health information without your authorization, except as described in this notice.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding health information that we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information that we have compiled for use in a lawsuit or administrative proceeding.

To inspect and copy certain health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at the address listed below. If you request a copy of the

information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy health information in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Except under certain limited circumstances, another licensed health care professional chosen by the radiology practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request and the reason for the request must be made in writing and submitted to the Privacy Officer at the address listed below. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any denial that we issue of any request to amend information shall be in writing. If we deny your request to amend information, you may submit a written statement of disagreement that may be appended to the portion of your health information that is the subject of the amendment. We retain the right to submit a written rebuttal statement to your written statement of disagreement that may also be appended to your health information.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures of health information about you that we have made, not including disclosures for treatment, payment or health care operations purposes, disclosures that you have authorized and certain other disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address set forth below. Your request must specify a time period, which may not be longer than six years and may not include dates before May 31, 2007. Your request should indicate the form in which you want to receive this

list of disclosures (for example, on paper or electronically). The first list that you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose to a family member information about a diagnostic test that was administered to you.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer at the address listed below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limit to apply, for example, disclosures to your spouse. If we agree to your request, our agreement will be communicated to you in writing.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer at the address listed below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact Erin Murray at (314) 270-3939, Monday through Friday from 8:00 a.m. - 4:30 p.m.

PERMISSIBLE USES AND DISCLOSURES

Treatment. We may use and disclose health information about you for medical treatment purposes. For example, diagnostic testing information obtained by a radiologist may be recorded in your medical record and used by us

and other health care professionals to determine the best course of treatment for you.

Payment. We may use and disclose health information about you for payment purposes. For example, a bill may be sent to you or a third party payer, such as your health plan, so that payment for services rendered by us to you may be made. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used in your treatment.

Health care operations. We may use and disclose health information about you for health care operations purposes of the radiology practice. For example, members of our quality improvement team may use information in your medical record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care services we provide.

Communication with family: We may disclose health information about you to a family member, close personal friend or other person you identify if such information is relevant to that person's involvement in your care or payment related to your care. We may also use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care of your status, location, and general condition.

Research: Under certain circumstances, we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and has established protocols to ensure the privacy of your health information.

Coroners, medical examiners and funeral directors: We may disclose health information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.

Organ procurement organizations: If you are an organ donor, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Appointment reminders: We may use or disclose health information about you in order to contact you to provide appointment reminders.

Treatment alternatives: We may use or disclose health information about you to tell you about or recommend treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may use or disclose health information about you in order to contact you as part of a fund-raising

effort for a foundation associated with the radiology practice. In such event, we would only disclose contact information such as your name, address and phone number, and the dates you received treatment from the radiology practice. If you do not want the radiology practice to contact you for fund raising efforts, you may notify the Privacy Officer in writing at the address listed below.

As required by law: We will disclose medical information about you under certain circumstances when required to do so by federal, state or local law. For example, we may disclose health information to the FDA relating to adverse events regarding food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose health information to the extent authorized by, and as necessary to comply with, laws relating to workers compensation or other similar programs established by law.

Public health authorities: We may disclose health information about you to public health or legal authorities under certain limited circumstances. Such circumstances may include:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime under certain circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct; and

- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Specialized Government Functions. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President or other authorized persons or foreign heads of state or conduct special investigations.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as properly required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If have questions and would like additional information, you may contact our Privacy Officer, **Erin Smith, (314) 270-3939, 12345 West Bend Dr. #105 St. Louis, Mo. 63128, Monday thru Friday 8:30am – 4:30pm.**

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: May 31, 2007

Revised Date: _____