

Metro MRI Center Limited Partnership
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTHCARE INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protecting the privacy of healthcare information is a responsibility we take very seriously. We understand that healthcare information is personal and the importance of keeping it confidential. We are committed to our established practices and procedures to protect the confidential nature of your healthcare information.

This notice describes the ways in which we may use and disclose your healthcare information to carry out treatment, payment and healthcare operations, and for other purposes as permitted or required by law. It also describes your rights and our duties regarding the use and disclosure of healthcare information.

We reserve our right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for healthcare information we already have about you as well as any information we receive in the future. If we make a material change to the terms of this notice, we will make a revised notice available to you via www.metromri.com within 60 days of revisions.

This notice was published and became effective on April 14, 2003, revised April 2, 2010, and revised September 17, 2013

Our Duties Regarding Your Healthcare Information

We are required by law to:

- Maintain the privacy of your healthcare information;
- Provide you with this notice of our legal duties and healthcare information privacy practices; and
- Abide by the terms of this notice.

Your Rights Regarding Your Healthcare Information

Right to Inspect and Obtain Copies: You have a right to inspect and obtain copies of your healthcare information that we maintain. Usually this includes medical and billing records. Under Federal law, this right does not include psychotherapy notes or healthcare information compiled in reasonable anticipation of litigation, administrative action, or administrative proceeding. You must make your request in writing and we may charge a standard fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain copies in certain limited circumstances. If you are denied access to your healthcare information, you will be notified in writing.

Right to Request Restrictions: You have a right to request in writing a restriction on the healthcare information that we use or disclose for treatment, payment or healthcare operations. You also have the right to request in writing a limit on the healthcare information we disclose to someone who is involved in your care or the payment for your care, like a family member. Specifically, if you pay for an item or service in full, out of pocket, and request that we not disclose the information relating to that service to a health plan, we will be obligated to abide by that restriction.

In your written request, you must tell us: the information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Right to Amend: If you believe the healthcare information we have is incorrect or incomplete, you may submit in writing a request to amend the information. You must provide a reason that supports your written request. You have the right to request an amendment for as long as the information is kept by or for us.

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;
- Is not part of the healthcare information kept by or for us;
- Is not part of the healthcare information that you would be permitted to inspect and obtain copies;
- Is accurate and complete.

Right to Revoke Authorization: If you give us an authorization, you may revoke it at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

Right to Request Confidential Communications: If you could be jeopardized by our normal communication channels, you have the right to request that we communicate your healthcare information to you by alternative means or at an alternative location. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request an Accounting: You have the right to request in writing an accounting of certain disclosures of your healthcare information that we made, if any. This right applies to disclosures for purposes other than treatment, payment, and healthcare operations or as otherwise permitted or required by law. You have a right to receive specific information about these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Right to a Copy of This Notice: You have the right to obtain a copy of this notice at any time.

Right to Notice of a Breach: We will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI. This notice will be sent within 60 days of the occurrence.

Organizations Covered by this Notice

These organizations are each participants in an organized healthcare arrangement with Metro MRI Center Limited Partnership. As such, we may share your healthcare information and the healthcare information of others we service with each other as needed for treatment, payment or healthcare operations relating to our organized healthcare arrangement. The list of covered entities includes but is not limited to:

Advanced Radiology, SC
Advanced Imaging Center, LLC
Clinton Imaging Services, LLC

The list of our covered entities may be subject to change without notice. Please see our website at www.metromri.com for the most current information on the list of our covered entities.

Uses and Disclosures of Healthcare Information without Your Authorization

The following categories describe different ways that we may use and disclose your healthcare information without your written authorization. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose healthcare information without written authorization fall within one of the categories.

We use and disclose medical information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your healthcare information to a physician or other health care provider in order to provide treatment to you.

Payment: We may use and disclose your healthcare information to obtain payment for services we provide to you. We may disclose your healthcare information to another healthcare provider or entity subject to the federal Privacy Rules so they can obtain payment.

Healthcare Operations: We may use and disclose your healthcare information in connection with our healthcare operations. Healthcare operations include:

- quality assessment and improvement activities;
- reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
- medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- business planning and development; and
- business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your healthcare information to another entity that has a relationship with you and is subject to the federal Privacy Rules, for their healthcare operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, or detecting or preventing healthcare fraud and abuse.

On Your Authorization: You may give us written authorization to use your healthcare information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your healthcare information for any reason except those described in this notice.

To Your Family and Friends: We may disclose your healthcare information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare. We may use or disclose your name, location, and general condition to notify, or assist in the notification of (including identifying or locating) a person involved in your care.

Before we disclose your healthcare information to a person involved in your healthcare or payment for your healthcare, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your healthcare information based on our professional judgment of whether the disclosure would be in your best interest.

In the case of a patient death, relevant disclosures to the deceased's family and friends will be made under essentially the same circumstances such disclosures were permitted when the patient was alive; that is, when these individuals were involved in providing care or payment for care and the physician is unaware of any expressed preference to the contrary. HIPAA protection is eliminated for PHI 50 years after a patient's death.

We will also use our professional judgment and our experience with common practice to allow a person to pick up x-rays or other similar forms of healthcare information.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health Related Services: We may use your healthcare information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your healthcare information to a business associate to assist us in these activities.

Public Benefit: We may use or disclose your healthcare information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health or safety;
- in connection with certain research activities;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

Other Legal Restrictions: We will not use or disclose your healthcare information if it is prohibited or materially limited by other applicable law including, but not limited to, the Illinois Nursing Home Care Act; Illinois Medical Practice Act; Illinois Mental Health and Developmental Disabilities Code; Illinois AIDS Confidentiality Act; Genetic Information Privacy Act; Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

Uses and Disclosures of Healthcare Information with Your Authorization

We will not use or disclose your PHI without your prior written authorization unless permitted by law as noted above. You can later revoke that authorization, in writing, to stop the future use and disclosure. The authorization will be obtained from you by us or by a person requesting your PHI from us. The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Disclosures that constitute a sale of PHI under HIPAA;
- Uses and disclosure of your PHI for marketing or fundraising purposes (We do not utilize PHI for marketing/fundraising purposes, should this change in the future, you will have the ability to opt out);
- Uses and disclosure of your PHI to automobile, homeowner, and similar insurance policies that provide coverage for health care expenditures, and;
- Other uses and disclosures not described in this notice.

Contact for Questions and/or Concerns

If you want more information about our privacy practices or have questions or concerns, please contact:

Compliance Officer
Metro MRI Center Limited Partnership
615 Valley View Dr., Suite 102
Moline, IL 61265
Phone : 309-762-7227

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your healthcare information or in response to a request you made to amend or restrict the use or disclosure of your healthcare information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed above. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your healthcare information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Effective April 14, 2003; updated April 2, 2010; updated September 17, 2013