

Notice of Privacy Practices

Effective Date: 5/23/2017

Revised Date: 1/22/2026

Thank you for choosing Advanced Imaging Center/ Metro MRI Center, a Radiology Partners affiliated practice. We know that the privacy of your health information is important to you. This Notice of Privacy Practices (“Notice”) describes how your health information may be used and disclosed and how you can access your health information. **Please review it carefully.**

We are required by law to maintain the privacy of your health information, provide you notice of our duties and our privacy practices, and to notify you in the event of a breach of your health information.

If you have any questions about this Notice of Privacy Practices, you may contact:

Privacy Officer: Timothy Burke

- E-Mail: timothy.burke@radpartners.com

Facility Privacy Contact: Carrie Wilson

- E-mail: carrie.wilson@radpartners.com
- Phone: 309-743-0445

The Compliance Team

- E-Mail: compliance@radpartners.com

Compliance Hotline

- Phone Number: 1-844-754-3344
- Website: radpartners.mycompliancereport.com
- Radiology Partners’ Compliance Hotline is available 24/7 and reports may be made anonymously

[YOUR RIGHTS](#)

You have the following rights related to your health information:

Right to view and receive a copy of your paper or electronic medical record

- You can ask to view and receive electronic or paper copies of your medical record and other health information.
- You may view your medical record free of charge. However, if you want a copy of your medical record, we may charge a reasonable, cost-based copying fee. You may request an estimate of the charge in advance.
- In certain circumstances, we may deny your request to view or copy your medical record. If so, we will explain to you in writing why your request was denied.
- You may appeal our denial to view or copy your medical record. We will let you know the outcome of your appeal in writing.
- If you wish to review your medical records, you must make a written request and submit it to Advanced Imaging Center / Metro MRI Center and fax: 309-764-4712 or mail the documents to 615 Valley View Dr.

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Ste 101, Moline, IL 61265. We will respond within 30 days of receiving your request. However, we are permitted to have one 30-day extension of time as long as we inform you of the need and the reason for the extension. In the event state law requires us to respond earlier than 30 days, we will make every effort to adhere to those shorter response times.

Right to request corrections to your paper or electronic medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. To request corrections, send a letter to Advanced Imaging Center / Metro MRI Center mail the documents to 615 Valley View Dr. Ste 101, Moline, IL 61265 or fax letter to: 309-764-4712, explaining what information you feel is incorrect or incomplete.
- We may deny your request, but we'll tell you why in writing within 30 days.

Right to request confidential communications

- You can ask us to contact you in specific ways or to send mail to an alternative address (for example, home or office phone).
- We will agree to all reasonable requests.
- *Special Notice on E-Mail:* Sensitive information will be sent through secure email unless patients specifically request that we use non-secure email. If you ask us to communicate with you through regular (non-secure) email, please keep in mind that there are risks to using regular email. For example, there is a chance that non-secure emails we send you can be intercepted and read or forwarded by someone else. We cannot guarantee the confidentiality of non-secure emails.

Right to request to limit information we use or share

- You can ask us not to use or share certain health information that is used for treatment, payment, or our operations. In most cases, we are not required to agree to your request. However, each request is thoroughly reviewed before we decide. If we deny your request, we'll tell you why in writing within 30 days. For example, we may deny it if it will negatively affect your care.
- If you pay out-of-pocket in full for a service or health care item, you can ask us not to share information about that service with your health insurer for the purpose of payment. We will agree to your request unless a law requires us to share that information.

Right to get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information, for any period within the six years prior to the date you asked, including who we shared it with, and why.
- The accounting will include all the disclosures, except for those for treatment, payment, health care operations, and other disclosures such as those you specifically asked us to make. You may receive one accounting a year for free but will be charged a reasonable, cost-based fee if you ask for another one within 12 months of a previous request.

Right to get a copy of this Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.

Right to choose someone to act for you

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- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will take appropriate steps to confirm the person has this authority and can act for you before we take any action.

Right to File a complaint if you feel your rights are violated

- Our Privacy Officer, Compliance Team, facility privacy contact, and anonymous Hotline are listed at the top of this Notice and serve as multiple contact options for individuals who have complaints about how Advanced Imaging Center / Metro MRI Center has used or disclosed their health information or who have questions about this Notice.
- If you feel we have violated your rights, you can file a complaint by contacting the Privacy Officer, Compliance Team or the Hotline.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- Radiology Partners will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about how your health information is shared. If you have a preference for how we share your information in the situations described below, contact us via phone at 309-743-0445.

In the following cases, you have the right to tell us:

- If you would like us to share information with your family, close friends, or others involved in your care.
- Whether to include your information in a hospital directory, if our practice manages one. However, we do not create or manage a hospital directory at this time.
- Whether to share information in a disaster relief situation.
- If you are not able to tell us your preference (for example, if you are unconscious) we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Unless you give us **written** permission, we will **never**:

- Use your information for marketing purposes
- Sell your information
- Disclose psychotherapy notes in most instances. Currently, we do not create or maintain psychotherapy notes.
- Use your information to respond to organ or tissue donor requests.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

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Our Uses and Disclosures

We may use and disclose your health information in the following ways:

Providing health care to you

- We can use your health information and share it with other professionals who are involved in your care.
- *Example:* A doctor treating you for an injury asks another doctor about your overall health condition.

Run our Practice

- We can use and share your health information to run our Practice, improve the care we provide, and contact you when necessary.
- *Example:* We use your health information to review clinical outcomes to improve the quality of care we provide.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- *Example:* We provide your care information to your health insurance plan so it will pay for your services.

How else do we use or share your health 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. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Conduct research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy laws.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

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- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions, such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Use and Disclosure of Substance Use Disorder (SUD) Records

RP does not create or maintain Substance Use Disorder records (drug or alcohol treatment records), nor do we ask for these types of records from other healthcare providers. In the unlikely event that we receive SUD records, we will:

- Safeguard them along with the rest of your medical information.
- Not use them except as permitted by HIPAA & 42 CFR Part 2. These rules permit us to use or disclose your information without your written authorization to treat you, to bill for services we have provided to you, or to run our practice.
- Not use or disclose SUD records for any other purpose without your written authorization. If you authorize us to redisclose SUD records, for example, to send them to a life insurance company when you apply for life insurance, the recipient might redisclose them to another recipient later on. In that case, the redisclosed records may no longer be protected by the HIPAA Privacy Rule.
- Not disclose any SUD records we have received, or any information from them, for a civil, criminal, administrative, or legislative proceeding against you unless we receive written consent from you, or a court order.
- Offer you an opportunity to opt out prior to any fundraising based on SUD records. Generally, RP does not intend to use or disclose SUD records for fundraising purposes.

More Restrictive State Law: Certain state laws may have more strict requirements on how we use and disclose your health information. To the extent that there are more strict state requirements or restrictions, we will only use and disclose your health information as permitted by those stricter requirements.

Our Responsibilities

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that has compromised the privacy or security of your information.
- We must follow the privacy practices and duties described in this Notice and give you a copy of it.
- We will only share your information as described here or as you have instructed us. If you change your mind, let us know in writing.
- We will adhere to this Notice and will not use or disclose your information in a manner inconsistent with this Notice.

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- We will use reasonable efforts to obtain your acknowledgment of receipt of the Notice, and such acknowledgment may be in the form of your initials on a cover sheet or your signature on a list or other form. The acknowledgment may also be electronic. If we are unable to obtain your acknowledgment of receipt of this Notice, we are still required to provide you with access to your health information if requested as set forth in this Notice.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

- We can revise (change the terms of) this Notice, and the changes will apply to all information we have about you.
- The Notice will be promptly revised whenever there is a material change to our practices described in the Notice. The new Notice will be available upon request, in our offices, and on our websites.
- We will not apply any revision to your health information that was received or maintained prior to the revision of this Notice, unless the revision is required by law.
- Unless required by law, material revisions will not be implemented prior to the effective date of the revised Notice.
- As a national medical practice with operations in numerous states, our goal is to ensure that this Notice complies with all applicable state laws as well as the Federal law. To the extent state laws in the states where we operate have different or stricter laws regarding the handling of your health information or information generally, we reserve the right to adopt those required differences between what is required by applicable state laws and this Notice.
- This Notice will be retained for six (6) years from its last effective date. Additionally, we will retain acknowledgments (or adequate documentation of good faith efforts to obtain written acknowledgments from you) for a duration of six (6) years.