

NOTICE OF PRIVACY PRACTICES

ADVANCED IMAGING CENTER, LLC ♦ ADVANCED RADIOLOGY, SC ♦ METRO MRI CENTER, LP

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITY.

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.** Questions or concerns will be addressed by our Compliance Officer; the contact information is at the bottom of each page of this notice.

› Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

› Your Choices

You have some choices in the way that we use or share information in order to:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Raise funds

› Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your authorization is not required for us to share your information to aid in treatment, billing, and healthcare operations. See page 4 for additional information.

Contact for Questions/Concerns: Compliance Officer

615 Valley View Drive, Suite 202 ♦ Moline, IL 61265 ♦ Phone: 309.762.1072 ♦ Fax: 309.762.1094

Revision Date 06.06.2019 EM

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. These changes can be due to the passage of Federal, State, or local mandates or to changes for our internal practices. The new notice will be available upon request, in our office, and on our website. This notice was published and became effective on April 14, 2003, revised April 2, 2010, September 17, 2013, and June 6, 2019.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Feel free to speak with any of our staff to aid in the process of claiming any of these rights. If you feel your rights were not acknowledged or were violated, please contact our Compliance Officer at the information listed at the bottom of all pages of this document.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect/incomplete. Ask how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care or our business practices as described under Uses and Disclosure in this document.
- If you pay for a service or health care item out-of-pocket, in full, and prior to your service, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

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Your Rights *(continued)*

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 six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- 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 make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, contact us using the information on bottom of each page of this document.
- You may 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/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may provide us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions, within the scope of our business practices and as reasonably achievable.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care*
- Share information in a disaster relief situation

*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. 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.

Special permissions for access must be in writing and remain valid until revoked in writing by the patient. Your revocation will not affect any disclosures prior to our receipt and processing of a request to revoke previous permissions. Requests to limit disclosure of your information may not supersede the Uses and Disclosures granted by Federal law.

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Our Uses and Disclosures

How do we typically use or share your health information? We are granted certain use and disclosure of your protected health information, with or without your authorization. We take your privacy seriously; however, we are permitted to share your information in certain ways in order to provide the healthcare services to you. We do not use patient-identifying information for marketing purposes and we never sell patient data. We typically use or share your health information to:

- **Treat you**

We use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

- **Run our organization**

We use & share your health information to run our practice, improve your care, and contact you as necessary.

Example: We use health information about you to manage your treatment and services.

- **Bill for your services**

We use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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

Do 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 law.

Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

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:

- 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.

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