NOTICE OF PRIVACY PRACTICES

AMERICAN RADIOLOGY SERVICES

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.

Uses and Disclosures

Treatment: Your health information may be used by our staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by our staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Maryland Health Information Exchange/CRISP: We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide internet-based health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and prevent searching of your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of our Company and the physicians providing professional services at this Facility. For example, information on the services you received may be used to medical record reviews, support budgeting and financial reporting, and activities to evaluate and promote quality assurance. Or we may use and disclose information to get your health plan to authorize services or referrals.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patient's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs.

Marketing Purposes: RadNet and its affiliates may communicate with our patients concerning the health care services we provide without obtaining patient authorization. Similarly, a marketing authorization is not needed to inform patients of a new service or health care program or of a change in office location. However, the HIPAA privacy rule does not allow us to disclose PHI to another organization for that organization's marketing purposes unless the patient authorizes that disclosure.

Fundraising: RadNet and its affiliates may use limited protected health information for its own fundraising efforts (demographics and dates of services only). Demographic information includes names, addresses and other contact information, age, gender, and insurance status. All fundraising communications must offer the individual the chance to opt out of receiving any further fundraising communications. If someone opts out, we must make reasonable efforts to honor that request.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Health Oversight Activities: We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and state law.

Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments.

Other Uses and Disclosures Require Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

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Breach Notification

In the case of a breach of unsecured protected health information, we will notify you as required by law.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request instructions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this Notice.

Requests to Inspect, Copy, Amend, Receive Confidential Communications or an Accounting

As permitted by federal regulation, we require that requests to inspect or copy protected health information, amend your medical record, receive confidential communications or receive an accounting of disclosures be submitted in writing. You may submit these requests by contacting the office manager.

Our Duties

Upon request, we are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices.

We are also required to abide by the privacy policies and practices that are outlined in this Notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Privacy Officer: Complaints / Contact Person

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns. The name and address of the person you can contact for further information concerning our privacy practice is:

Laura Foster, JD
1510 Cotner Avenue
Los Angeles, CA 90025
Phone 310-966-8515

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Office of Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Phone: (215) 861-4441

You will not be penalized or otherwise retaliated against for filing a complaint.

Effective Date

This Notice is effective on or after July 1, 2003.