

ImageCare LLC

Notice of Privacy Practices for Protected Health Information

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!

ImageCare's goal is to take appropriate steps to attempt to protect any medical or other personal information that is provided to us. We are required to: a) protect the privacy of medical information provided to us; b) provide notice of our legal duties and privacy practices; and c) abide by and enforce the terms and obligations of ImageCare's *Notice of Privacy Practices* currently in effect.

Protected health information is the information we create and obtain in providing our services to you. Such information may include your name, address, and telephone number; information relating to your medical history; your insurance information and coverage; and documenting your symptoms, procedures, test results, and diagnoses as required in the provision of billing services. In creating your billing record, information is gathered about you from providers, including hospitals and physicians, who provide medical care and treatment to you.

Who is Required to Follow this Notice?

This Notice describes the practices of all ImageCare employees and staff, as well as all individuals who are affiliated with ImageCare through independent contractor agreements. All of these individuals are required to follow the terms of this Notice and may share information about you among themselves for treatment, payment, and health care operations purposes.

How May ImageCare Use and Disclose Information About You?

ImageCare may use protected health information about you in different ways. The ways we may use and disclose information will fall into one of the following categories, but not every possible use or disclosure in each category is listed:

Examples of Uses of your Protected Health Information for Treatment Purposes: ImageCare provides billing services to providers who will use your information for treatment purposes. Therefore, ImageCare will not be using your protected health information for treatment purposes.

Example of Uses of your Protected Health Information for Payment Purposes: ImageCare will submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) may request information from us about the medical care provided to you. We will provide information to them about you and the medical services provided to help us collect payment from your insurance company. For example, we may need to give a payer information about your current medical condition so they will pay for an ultrasound examination. We may also need to inform your payer of tests that you are going to receive in order to obtain prior approval or to determine if the service is covered under your health benefit plan.

Example of Uses of Your Protected Health Information for Health Care Operations: ImageCare may periodically obtain services from other business associates such as quality assessment and improvement audits, outcomes evaluation, training programs, legal services, and insurance. We may share protected health information about you with these business associates as necessary to evaluate our operations and to learn how we may improve our service to you.

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Public Policy Uses and Disclosures. There are a number of public policy reasons why we may need to disclose protected health information about you.

- We may disclose protected health information about you when we are required to do so by federal, state, or local law.
- We may disclose protected health information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.
- We may disclose protected health information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.
- We may disclose information in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities.
- We may release personal health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may release personal health information to organ procurement organizations, transplant centers, and eye or tissue banks.
- We may release your personal health information to workers' compensation or similar programs.
- We may disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others.
- If you are a member of the Armed Forces, we may release personal health information about you as required by military command authorities. We also may release personal health information about foreign military personnel to the appropriate foreign military authority.
- We may disclose your protected health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.
- If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials.
- We may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

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Our Business Associates. ImageCare, in the course of conducting its business, works with outside individuals and businesses that help to operate the business efficiently and successfully. We may disclose your health information to these business associates so that they can perform the tasks they are hired to do. All of our Business Associates must commit to us, through a written agreement, that they will respect the confidentiality and privacy of your personal and identifiable health information.

Individuals Involved in Your Care or Payment for Your Care. We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" -- such as your spouse, your other doctors, or an aide who may be providing services to you. Although we must be able to speak with your other physicians or health care providers, you may let us know if we should not speak with other individuals, such as your spouse or family.

Your Individual Health Information Rights

The Medical records maintained by ImageCare are the physical property of the physician who provides you with services and/or of the hospital where you were treated. The information itself, however, belongs to you. You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law and we will consider your request. Please recognize that, while we are required to consider your request, we are not required to accept the request. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office;
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
- Request that you be allowed to inspect and copy your billing records. You may exercise this right by delivering the request in writing to our office using the form we provide to you upon request;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your billing record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request (Your physician or other health care provider is not required to make such amendments);
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;

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- Request that communications of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request; and
- Revoke authorizations made previously by you to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you would like to exercise any of the above rights, please contact Leigh Heh RT (R)(CT) Center Director/ HIPPA Compliance Officer, in person or in writing, during normal hours. They will provide you with assistance on the steps to take to exercise your right.

ImageCare's Responsibilities

All ImageCare personnel are required to:

- Maintain the privacy of your protected health information as required by law;
- Provide you with a Notice regarding our duties and privacy practices related to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods of communicating health information with you.

Changes to this Notice

ImageCare reserves the right to amend, change, or eliminate provisions in our privacy and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice," by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Leigh Heh RT (R)(CT) Center Director/HIPPA Compliance Officer, 710 Rabon Road Columbia, South Carolina 29203 (803)-462-3680 e-mail LeighHeh@sc.rr.com.

If you believe your privacy rights may have been violated, you may file a written complaint at our office by delivering the written complaint to Leigh Heh RT (R)(CT) . You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov.)

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving services from the office.

We cannot, and will not, retaliate against you for filing a complaint with Secretary of Health and Human Services.

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Other Disclosures and Uses

Notification - Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with Family - Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Food and Drug Administration (FDA) - If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health - As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institutions - If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement - We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight - Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings - We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Serious Threat to Health or Safety - To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions - We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Other Uses - Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with written authorization and you may revoke the authorization as previously provided.

Effective Date: April 14, 2003