

CLINTON IMAGING SERVICES, LLC NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully. Our Notice of Privacy Practices is posted on our website: www.clintonimagingervices.com

This Notice of Privacy Practices is provided to you as a requirement of the privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how Clinton Imaging Services, LLC (the Center) may use and disclose medical information about you to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your medical information. You will be asked to sign a "Receipt of Notice of Privacy Practices Form" at the time of your first service on or after April 14, 2003. (Detailed definitions pertaining to treatment, payment or health care operations are noted on the back of this referenced form.)

INFORMATION COLLECTED ABOUT YOU

In the course of receiving treatment and health care services from us, you will be providing us with personal information, (also known as protected health information) which includes name, address, phone number, information relating to your medical history, insurance information and coverage, and information concerning your medical provider(s). In addition, we will gather medical information about you and will create a record of care provided to you. Other individuals, organizations, your referring physician, other medical providers, your health plan, family members or friends may also provide information to us.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose protected health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category is listed.

For Treatment. We will use health information about you to furnish services to you, in accordance with our policies and procedures. For example, we will use your medical history to assess your health and perform requested diagnostic procedures and/or treatments.

For Payment. We will use and disclose protected health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give your insurance company information about your current medical condition so they will pay us for services we have furnished you. We may also need to inform your insurance company of the services you are going to receive in order to obtain prior approval or to determine whether the service is covered.

For Health Care Operations. We may use and disclose information about you for the general operation of our business. A few examples of health care operations include: peer review and quality improvement activities, appointment reminders and patient satisfaction surveys.

We may also use and disclose medical information about you to our business associates. Our business associates, such as transcription services, billing and collection agencies, attorneys and auditors, are required to use and disclose your protected health information according to all of the conditions as described in this “Notice of Privacy Practices”.

Other Uses and Disclosures not Requiring Authorization

- As required by law, such as reporting communicable diseases and other conditions; reporting abuse, neglect or domestic violence; for other law enforcement purposes
- Health Oversight Activities, such as audits and investigations
- Judicial and Administrative Proceedings, such as court orders or subpoenas
- Coroners, medical examiners and funeral directors
- Cadaver Organ, Eye, or Tissue Donations
- To Advert a Serious Threat to Health or Safety
- For Specialized Government Functions: military, veteran’s, national security or intelligence activities
- Emergency Situations

INDIVIDUAL RIGHTS

Accounting for Disclosures of Protected Health Information:

- The Center tracks all disclosures of patient protected health information (PHI) that occur *for other than* the purpose of treatment, payment, or health care operations. Also, disclosures will not be tracked if provided to the patient or a person involved in their care, or when authorized by the patient. Disclosures made for national security, intelligence purposes, to correctional institutions or law enforcement, are also not tracked. The Center tracks all other disclosures made as required by law, including public health reporting and disclosures mandated under worker’s compensation laws;
- An individual is entitled to a copy of disclosures within a 12-month period free of charge. An individual can request an accounting of disclosures, made on or after April 14, 2003, for a period of up to six years prior to the date of the request;
- The Center may charge a fee for more frequent accountings. The Center will respond to all requests within 60 days of receipt of the request. A 30-day extension is permitted.

Inspect and Copy Protected Health Information

Individuals may inspect and copy their protected health information. Requests for inspecting and copying records must be sent to the attention of the Privacy Officer. All requests will be acted on within 30 days. An extension of 30 days is permitted. A request will be accepted or denied. If denied, the requester has the right to have the denial reviewed by a designated facility licensed health professional. The Center will inform the requester of the decision by the reviewing official. The facility limits the charges for records to the amounts allowed under applicable state laws.

Request Amendment to Protected Health Information

An individual may request that the Center amend protected health information maintained in their medical or billing record. The Center will respond to a request in a timely fashion (60 days following receipt with an allowed 30 day extension), and will advise the individual of their appeal rights when a request is denied in whole or in part. The requester may submit a written statement (not to exceed one page) disagreeing with the denial of all or part of the initial request.

Request Confidential Communication

The Center will accommodate all reasonable requests to keep communication confidential. A request for confidential communications must be in writing and on the Center's "Request for Confidential Communications" form, and specify an alternative address or other method of contact, including how payment will be handled, and must be addressed to Clinton Imaging Services Privacy Officer. No reason for the request needs to be stated.

Request Restriction of Disclosures

The Center will accept all requests for restrictions on certain uses and disclosures of protected health information; however, the Center is not required to agree to a requested restriction. All requests must be in writing and sent to the attention of the Privacy Officer.

Authorizations

The Center will obtain written authorization from individuals or their personal representative for the use or disclosure of protected health information for other than treatment, payment, or health care operations (except for disclosures allowed by federal and/or state law).

The Center does not condition treatment of a patient on the signing of an authorization, except disclosure necessary to determine payment.

A specific written authorization is required for disclosure of mental health, alcoholism or drug treatment, genetic information and HIV/Acquired Immune Deficiency Syndrome (AIDS) information, even for treatment.

An individual is allowed to revoke an authorization at any time. The revocation must be in writing and sent to the attention of the Privacy Officer.

Personal Representatives (definition)

- An agent under a Power of Attorney for Health Care;
- A guardian with authority to access medical records or make health care decisions;
- An attorney-in-fact under a mental health declaration;
- A health care surrogate; and
- An individual with written authorization from a competent patient, to access medical records.

The Center will not treat an individual as a personal representative of a patient, if in the judgment of the Center, the patient may have been subjected to abuse, neglect, and/or endangerment.

Waiver of Rights

The Center will never require an individual to waive any of his or her rights as a condition for the provision of treatment, except under very limited circumstances allowed by law.

Complaints

The Center allows all patients and their representatives to file complaints with the Center and the Secretary of the US Department of Health and Human Services (DHHS), whenever he or she believes that the Center has violated their rights.

Complaints to the Center must be in writing, must describe the acts or omissions that are the subject of the complaint, must be filed within 180 days of the time the patient became aware or should have become aware of the violation, and must be addressed to the attention of the Center's Privacy Officer.

Complaints to the Secretary of DHHS must be in writing, must name the Center and describe the acts or omissions that are the subject of the complaint and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Complaints must be addressed to: Office for Civil Rights, U.S. Department of Health and Human Services (DHHS), 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Voice phone (312) 886-2359, FAX (312) 886-1807, TDD (312) 353-5693.

The Center does not take adverse action against a patient who files a complaint (either directly or through an agent) against the Center.

Changes to this Notice

This Notice is effective April 14, 2003. The Center reserves the right to make changes to this Notice at any time. In the event there is a change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised Notice at any time.

The Center has a privacy officer that serves as the contact person for all issues related to the Privacy Rule. Questions or correspondence should be addressed to:

Clinton Imaging Services, Attention: Privacy Officer, 1410 N. 4th Street, Clinton, IA 52732

Phone # (563)244-3674