

**NOTICE OF PRIVACY PRACTICES
FOR
THE IMAGING CENTER**

**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.**

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

We are legally required to protect the privacy of your health information. We call this information PHI for short. We must provide you with this notice about our privacy practices which explains how, when, and why we use and communicate your PHI. Additionally, we are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at any time. Before we make an important change to our policies, we will promptly change this notice and post a new notice in our reception area. You can also request a copy of this notice from our Privacy Officer (contact information is listed at the end of this notice) at any time and can view a copy of this notice at our website at www.the-imaging-centers.com.

HOW WE MAY USE AND COMMUNICATE YOUR PROTECTED HEALTH INFORMATION

We use and communicate your protected health information (PHI) for many different reasons. For some of these uses or communications, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples for each.

A. We may use & communicate your PHI for the following reasons:

1. For Treatment:

We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you are sent to us by a physician for a diagnostic test, such as X-ray, MRI, CT Scan or other radiological imaging or procedure, we will provide a written report of the findings and/or films and images as necessary to your physician.

2. To Obtain Payment for Treatment:

We may use and communicate your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing office, Advanced Medical Imaging Consultants, P.C., and also to your health insurance plan to get paid for the health care services provided to you.

3. For Health Care Operations:

We may communicate portions of your PHI in order to operate this facility. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided services to you. We may also provide your PHI to accountants, attorneys, consultants and others in order to make sure we are complying with the laws that affect us.

B. We may use & communicate your PHI *without* your authorization or opportunity to object for the following reasons:

1. When Required by the Department of Health and Human Services.

We may be required to disclose your information to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

2. When Required by Law.

We communicate PHI when required to do so by federal, state or local law.

3. For Public Health Activities.

For example, we disclose PHI to a public health authority that is permitted by law to collect or receive such information for the purpose of controlling disease, injury or disability.

4. For Health Oversight Activities.

For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

5. For Workers' Compensation Purposes.

We may provide PHI in order to comply with workers' compensation laws.

6. Appointment Reminders and Health-Related Benefits or Services.

We may use PHI to provide appointment reminders or give you information about other health care services we offer.

7. Abuse or Neglect.

If you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a government agency authorized to receive such information. We may also disclose your PHI to a public health authority authorized by law to receive reports of child abuse or neglect.

8. Judicial and Administrative Proceedings.

We may disclose your PHI in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and, in certain circumstances, in response to a subpoena, discovery request or other lawful process.

9. Law Enforcement.

We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes, such as providing information to the police about the victim of a crime.

10. Coroners and Funeral Directors.

We may disclose your PHI to a coroner, medical examiner, or funeral director if it is needed to perform their legally authorized duties.

11. Organ Donation.

If you are an organ donor, we may disclose your PHI to organ procurement organizations as necessary to facilitate organ donation or transplantation.

12. Research.

Under certain circumstances, we may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

13. Serious Threat to Health or Safety.

We may disclose your PHI if we believe it is necessary to prevent a serious and imminent threat to the public health or safety and the disclosure is made to someone we reasonably believe is able to prevent or lessen the threat.

14. Specialized Government Functions.

When the appropriate conditions apply, we may disclose PHI for purposes related to military or national security concerns, such as for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.

15. Inmates.

We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

16. Business Associates.

We may disclose your PHI to persons who perform functions, activities or services to us or on our behalf that require the use or disclosure of PHI. To protect your health information, we require the business associate to appropriately safeguard your information.

C. Use and Disclosure that You Have the Opportunity to Object.

1. Disclosures to Family, Friends, or Others.

We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or who is involved with the payment of your health care. In this case, we would communicate only the PHI that is relevant to your health care or to the collection of payment for services. You may object in whole or in part. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

D. Use and Disclosure Based on Your Written Authorization.

1. Marketing.

We must obtain your written authorization to use and disclose your PHI for most marketing purposes.

2. Sale of PHI.

We must obtain your written authorization for any disclosure of your PHI which constitutes a sale of PHI.

3. Other Uses.

Other uses and disclosures of your PHI not described above will be made only with your written authorization. You may revoke your authorization, at any time, in writing, except to the extent that we have taken action in reliance on the authorization.

YOUR PATIENT RIGHTS

A. The Right to Request Limits on Uses and Disclosures of your PHI.

You have the right to ask that we limit how we use and communicate your PHI. Any such request must be submitted in writing to our Privacy Officer (contact information is listed at the end of this notice). Your request must state the specific restriction requested and to whom you want the restriction to apply. We will consider your request but are not legally required to accept it, except we must agree not to disclose your PHI to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service which you paid for in full out of pocket. If we do agree, we will put it in writing and will abide by the agreement, unless violation is necessary to provide you with emergency treatment.

B. The Right to Access Your PHI.

You have the right to look at and obtain copies of your PHI that we have. You must make a written request and this must be addressed to our Privacy Officer (contact information is listed at the end of this notice). We will respond to you within 30 days of receiving your written request (with up to a 30-day extension if needed). In certain situations, we may deny your request and will provide you with a written explanation for denial. We may charge you a reasonable fee to cover duplication, mailing and other costs we incur in complying with your request. For copies of your images, we may also charge you a reasonable fee to cover the cost of the recording media and our expenses for supplies, labor and postage to provide these copies.

C. The Right To Choose How We send PHI to You.

You have the right to ask that we send confidential information to you to an alternate address, such as to your work address rather than your home address, or by alternate means, such as e-mail instead of regular mail. We must agree to your request so long as we can easily provide it in the format your requested.

D. The Right to Amend Your PHI.

If you believe that PHI we have about you is incorrect or incomplete, you may ask to correct or update it. You must make a written request, addressed to our Privacy Officer (contact information is listed at the end of this notice), and should include an explanation of why you think the amendment is appropriate. We will respond to you within 60 days (with up to a 30-day extension) of receiving your written request and will inform you in writing as to whether the amendment will be made or denied. If we approve your request, we will make the change to your PHI and inform others that need to know about the change. We may deny your request if you ask us to amend information that:

1. was not created by us, unless the person who created the information is no longer available to make the amendment;
2. is not part of the PHI we keep about you;
3. is determined by us to be accurate and complete.

If we deny your request, you have the right to file a written statement of disagreement with the denial. You have the right to request that a copy of your request and our denial be attached to all future communications of your PHI.

E. The Right to Obtain a List of the Communications We Have Made.

You have the right to receive a list of instances in which we have disclosed your PHI for purposes other than treatment, payment and our health care operations, or those made directly to you or your family or friends. This list will not include disclosures made with your written authorization, nor will it include communications made before April 14, 2003. You must make a written request specifying the time period for the accounting, which may not be longer than 6 years, and the request must be addressed to our Privacy Officer (contact information is listed at the end of this notice). We will respond to your written request within 60 days of receipt (with up to a 30-day extension). If you request this accounting more than once in a 12-month period we may charge you a reasonable cost-based fee for responding to these additional requests.

F. The Right to Receive a Copy of This Notice.

You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this notice by e-mail, you also have the right to obtain a paper copy of this notice.

G. The Right to Receive Notification of Breach.

You have the right to receive notification if you are affected by a breach of unsecured PHI.

QUESTIONS AND COMPLAINTS

If you feel that we have violated your privacy rights, or if you disagree with a decision we made about access, amendments, or restrictions to your PHI, you may file a complaint with us in writing or you may submit a complaint to the Secretary of the U.S. Department of Health and Human Services. *We will not retaliate against you for filing a complaint.* You may also contact our Privacy Officer with any questions or comments about our privacy practices.

Please address any written correspondence to:

The Imaging Center
ATTN: Brett Bruntz
2127 East Harmony Road, Suite 130
Fort Collins, CO 80528
Or you can reach us by:
Phone: (970) 619-6136
Fax: (970) 282-9800
Email: b.bruntz@ticradiology.com