

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 REVIEW IT CAREFULLY.

THIS NOTICE DESCRIBES SOUTHWEST DIAGNOSTIC IMAGING CENTER'S (SWDIC) PRIVACY PRACTICES, WHICH ITS EMPLOYEES WILL FOLLOW IN HANDLING YOUR MEDICAL INFORMATION. IN ADDITION TO SERVICES PROVIDED BY SWDIC, YOU MAY ADDITIONALLY RECEIVE SERVICES FROM PHYSICIANS OF SOUTHWEST IMAGING AND INTERVENTIONAL SPECIALISTS, P.A. (SIIS) AND/OR TEXAS NEURORADIOLOGY, P.A. (TNR) WHO, FOR THE SERVICES PROVIDED AT SWDIC, AGREE TO ADOPT AND FOLLOW THE PRACTICES DESCRIBED IN THIS NOTICE. FOR THE SERVICES PROVIDED AT SWDIC, IT SHOULD BE UNDERSTOOD THAT THESE ENTITIES AND THEIR EMPLOYEES MAY EACH HAVE ACCESS TO YOUR MEDICAL INFORMATION AS NECESSARY TO CONDUCT NECESSARY TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS FUNCTIONS. THIS JOINT NOTICE IS FOR THE PURPOSE OF COMPLYING WITH THE LAW, AND DOES NOT INFER ANY AGREEMENT BY THESE ENTITIES TO PROVIDE SERVICES AS A SINGLE ENTITY OR THROUGH A JOINT ENTERPRISE.

If you have any questions about this notice, please contact SWDIC's Compliance/HIPAA Security Officer.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at SWDIC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by SWDIC, whether made by SWDIC personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private,
- give you this notice of our legal duties and privacy practices with respect to medical information about you,
- follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories:

- **FOR TREATMENT.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technologists, medical students, or other personnel who are involved in taking care of you at SWDIC. For example, a doctor or facility (other than your referring physician) treating you for a broken leg may need copies of your x-ray films and reports to properly treat you. We also may disclose medical information about you to people outside SWDIC who may be involved in your medical care such as family members, or others that are part of your care.
- **FOR PAYMENT.** We may use and disclose medical information about you so that the treatment and services you receive at SWDIC may be billed to an insurance company, a third party, or payment may be collected directly from you. For example, we may need to give your health plan information about services you received at SWDIC so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover this service.

- **FOR HEALTHCARE OPERATIONS.** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run SWDIC and make sure that all of our patients receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services SWDIC should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to doctors, nurses, technologists, and other SWDIC personnel for review and learning purposes. We may also combine the medical information we have with medical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **APPOINTMENT REMINDERS.** We may use and disclose medical information to contact you as a reminder that you have an appointment for services at SWDIC.
- **SWDIC DIRECTORY.** Unless you give notice of objection, we may include certain limited information about you in the SWDIC directory while you are a patient at SWDIC. This information may include your location in the facility and will only be released to people who ask for you by name.
- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.** Unless you give us notice of objection, we may release medical information about you to a family member or other person, such as an authorized personal representative, who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **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 patients' 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. 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, so long as the medical information they review does not leave SWDIC. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at SWDIC.
- **AS REQUIRED BY LAW.** We will disclose medical information about you when required to do so by federal, state, or local law. Examples would be reporting child abuse or responding to court orders.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- When required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with federal privacy laws.

SPECIAL SITUATIONS

- **ORGAN AND TISSUE DONATION.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **MILITARY AND VETERANS.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **WORKERS' COMPENSATION.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **PUBLIC HEALTH RISKS.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability,
- to report reactions to medications or problems with products to the FDA,
- to notify people of recalls of products they may be using,
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition,
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- HEALTH OVERSIGHT ACTIVITIES. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and health care system, government programs, and compliance with civil rights laws.
- LAWSUITS AND DISPUTES. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested,
- LAW ENFORCEMENT. We may release medical information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons, or similar process,
 - to identify or locate a suspect, fugitive, material witness, or missing person,
 - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement,
 - about a death we believe may be the result of criminal conduct,
 - about criminal conduct at SWDIC,
 - in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- CORONERS, MEDICAL EXAMINERS. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. This may include disclosing information to federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.
- INMATES. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although the record of your health information created at this facility is the physical property of SWDIC, the information belongs to you, and you have certain rights over that information. Specifically, you have the following rights regarding medical information we maintain about you:

- RIGHT TO MAKE AUTHORIZATIONS. You have the right to authorize or deny any other use or disclosure of protected health information that is not specified within this notice. You may revoke an authorization, at any time, in writing, except to the extent that your Healthcare Provider or our office has taken an action in reliance on the use or disclosure indicated in the authorization.
- RIGHT TO INSPECT AND COPY. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to SWDIC's Medical Records Department. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by SWDIC will review your

request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **RIGHT TO AMEND.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SWDIC. To request an amendment, your request must be made in writing and submitted to SWDIC's Technical Director. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - was not created by us, unless the person or entity that created the information is no longer available to make the amendment,
 - is not part of the medical information kept by or for SWDIC,
 - is not part of the information which you would be permitted to inspect and copy,
 - is accurate and complete.
- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on certain information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are required to agree to your request, *only* if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (not treatment purposes) and 2) your information pertains solely to health care services for which you have paid in full. **We are not required to agree to your request for other restrictions, such as when it is determined that compliance with the restriction can not be guaranteed.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to SWDIC. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **RIGHT TO OBTAIN AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION.** You may request in writing an accounting of disclosures. As permitted by law, not all uses or disclosures of health information are required to be tracked for this accounting.
- **RIGHT TO A PAPER COPY OF THIS NOTICE.** You may ask us to give you a paper copy of this notice at any time. You may also obtain a copy of this notice at our website, www.swdic.com.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at SWDIC. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at SWDIC for health care services, we will offer you a copy of the current notice in effect. The current notice may also be found on our website www.swdic.com.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with SWDIC or with the Secretary of the Department of Health and Human Services. To file a complaint with SWDIC, contact the Compliance/HIPAA Security Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.