

Effective: April 14, 2003



SUMMARY

Extremity Imaging Partners, Inc. (“EIP”) is committed to protecting the privacy of your medical information, as required by federal and state law. Medical information is identified as health, treatment or payment information that identifies you. Attached is EIP’s Notice of Privacy Practices, which explains in detail how EIP meets this commitment. The Notice of Privacy Practices also explains your legal rights about what is in your health record. This Summary briefly describes the contents of the Notice. **THIS SUMMARY IS NOT A COMPLETE LISTING OF HOW WE USE AND DISCLOSE (SHARE) YOUR HEALTH INFORMATION.** EIP has the right to change this Summary and Notice without first notifying you.

How EIP may use and share your health information.

Without your consent, EIP can use and share your health information to:

- Provide you with medical treatment and other services.
- Receive payment from you, an insurance company, or someone else for services we provide to you.
- Operate EIP, which includes such things as giving you appointment reminders, telling you about other treatment options, and contacting you for certain marketing and fund-raising activities.
- Comply with the law.

With your verbal agreement, EIP can:

- Share your health information with the family and friends you agree can have this information.

All other uses and sharing of your health information will be done only with your specific written permission or as required by law.

Your legal rights about your health information.

- **Right** to ask to see and copy your medical record.
- **Right** to ask that incorrect or incomplete information in your medical record be corrected.
- **Right** to ask for a list of non-EIP parties with whom we have shared your health information. This right does not include health information we shared (1) if we had your written permission to share the information, and (2) to carry out treatment, payment, and health care operations.
- **Right** to ask EIP to limit how we use and share your health information without your consent. EIP is not required to agree to your request.
- **Right** to ask for confidential communications.
- **Right** to ask for a paper copy of the Notice of Privacy Practices.

Violation of privacy rights.

If you believe your privacy rights have been violated, you have a right to file a complaint. Please see the attached Notice of Privacy Practices for more details.

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EIP'S FULL NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review this carefully.

What is a Notice of Privacy Practices?

Extremity Imaging Partners, Inc. ("EIP") understands that your health information is personal. We create and maintain a record with information about the care and services you receive at EIP. We need this information to provide you with quality care and to comply with the law. This Notice of Privacy Practices applies to all information about services you receive at EIP and information that EIP may create, maintain, or receive. This includes information that EIP receives from other doctors and medical facilities that are not part of EIP but that EIP keeps to help give you better service. The Notice of Privacy Practices tells you about the ways we may use and share your health information, as well as the legal duties we have about your health information. The Notice of Privacy Practices also tells you about your rights under federal (United States) and state laws. In this Notice, the words "we," "us," and "our" mean EIP and all the people and places that make up EIP, which are described below.

Who follows EIP's Notice of Privacy Practices?

All of the people and places that make up EIP follow this Notice. EIP includes staff within our health care facilities and health care professionals permitted by us to provide services to you. EIP people and places may share your health information with each other for the treatment, payment, or health care operations

that this Notice of Privacy Practices describes.

Our duty to protect your health information.

We are required by law to:

- make sure that information that identifies you is kept private
- make available to you this Notice of Privacy Practices that describes the ways we use and share your health information as well as your rights under the law about your health information
- follow the Notice of Privacy Practices that is currently in effect.

How we may use and share your health information with others.

The law permits us to use and share your health information in certain ways. The following tells you about different ways that we may use your health information and share it with others. The following also includes some examples of what we mean. When sharing this information with others outside of EIP, we share what is reasonably necessary, unless we are sharing information to help treat you, in response to your written permission, or as the law requires. In these three cases, we share all information that you, your health care provider, or the law has asked for. We will use health information that does not identify you whenever possible. Every possible example of how we may use or share information is not listed, however, all of the ways we are permitted to use and share information fall into one of the groups below.

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A. Ways we are allowed to use and share your health information with others without your consent or as EIP's General Consent for Treatment, Payment, and Health Care Operations provides:

1. Treatment. We may use your health information to give you medical treatment or services. We may share your health information with people and places that provide treatment to you. For example, if your MRI reveals a problem, the radiologist may need to tell your doctor so that you get the medical treatment you need.

2. Payment. In order to receive payment for the services we provide to you, we may use and share your health information with your insurance company or third party. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company, or a third party. For example, some health plans require your health information to pre-approve you to get an MRI and require pre-approval before they pay us.

3. Health Care Operations. We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services we gave you and to see how well our staff cared for you.

4. Business Associates. We may share your health information with others called "business associates," who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a billing company that bills for the services we provided.

5. Appointment Reminders. We may use and share your health information to remind you of your appointment for your MRI.

6. Marketing Activities. We may use or share your health information for marketing purposes

without your permission when we discuss such products or services with you face-to-face or to provide you with an inexpensive promotional gift related to the product or service. For other types of marketing activities, we will obtain your written permission before using or sharing your health information. We will not sell your name to others.

7. Special Situations. In the following situations, the law either permits or requires us to use or share your health information with others.

a. As Required By Law. We will share your health information when federal, state, or local law requires us to do so.

- We may share your health information in response to an administrative or court order, a subpoena, a discovery request, or other legal process if we are advised that you have been made aware of the request or we receive notice either that you agree or, if you disagree with the request, that you are taking action to prevent the disclosure.

- We may share your health information with a law enforcement official or authorized individuals (1) to comply with laws, including laws that require the reporting of injury or death suspected to have been caused by criminal means, (2) in response to a court order, warrant, subpoena, or summons, or (3) in emergency situations.

- If we are asked to do so by a law enforcement official, we may share your health information if you are an adult victim of a crime and, in certain limited cases, we are unable to obtain your permission and the law enforcement official meets certain conditions described by law.

b. To Prevent A Serious Threat To Health Or Safety. We may use and share your health information with persons who may be able to prevent or lessen the threat or help the potential victim of the threat when doing so is necessary to prevent a serious threat to the health and safety of you, the public, or another person.

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c. *Special Government Purposes.* We may use and share your health information with certain government agencies, such as:

- ***Military And Veterans.*** We may share your health information with military authorities as the law permits if you are a member of the armed forces (of either the United States or a foreign government).

- ***National Security and Intelligence.*** We may share your health information with authorized federal officials for intelligence, and other national security activities authorized by law.

- ***Protective Services For The President And Others.*** We may share your health information with authorized federal officials to protect the President of the United States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.

d. *Workers' Compensation.* We may share your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.

e. *Public Health.* We may share your health information with public health authorities for public health purposes to prevent or control disease, injury, or disability. This includes, but is not limited to, reporting disease, injury, and conducting public health monitoring, investigations, or activities. For example, we may share your health information to (1) report child abuse or neglect, (2) collect and report on the quality, safety, and effectiveness of products and activities regulated by the Food and Drug Administration (FDA)(such as drugs and medical equipment and could include product recalls, repairs, and monitoring), or (3) notify a person who may have been exposed to or is at risk of spreading a disease.

f. *Health Oversight.* We may share your health information with a health oversight agency for purposes of (1) monitoring the health care system, (2) determining benefit eligibility for Medicare, Medicaid, and other government benefit programs,

and (3) monitoring compliance with government regulations and civil rights laws.

g. *Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the correctional institution or law enforcement official. This 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.

B. Ways we are allowed to use and give your health information to others with your verbal permission:

1. *People Involved In Your Care Or Payment For Your Care.* We may share your health information with a friend, family member, or another person identified by you who is involved in your medical care or the payment of your medical care. We may share your health information with these persons if you are present or available before we share your health information with them and you do not object to our sharing your health information with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interest to do so, we will share information with a friend or a family member or someone else identified by you, to the extent necessary.

C. In all other ways, we will require your written permission before your health information is used or shared with others:

Except as stated in sections A and B, your written permission is required before we can use or share your health information with anyone outside of EIP. This permission is provided through a form. If you give us permission to use or share health information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or share your health information for the reasons you have given us in your written permission.

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However, we are unable to take back any information that we have already shared with your permission.

Your rights concerning your health information.

The law gives you the following rights about your health information.

1. *Right To Ask To See And Copy.* You have the right to ask to see and copy the health information we used to make decisions about your care. Your request must be in writing and given to the EIP center where you received your MRI. You can call the EIP center where you were treated to find out how to do this. If you ask to see or copy your health information, you may have to pay for costs for copying, mailing, or other costs.

2. *Right To Ask For A Correction.* If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to ask for a correction for as long as the information is kept by or for EIP. You must put your request in writing and give it to the EIP center where you received your MRI. If you do not ask in writing or give your reasons in writing, we may tell you that we will not do as you have asked. We have the right to refuse your request if you ask us to correct information that (1) was not made by us, unless the person or place that originally made the information is no longer available to make the correction, (2) is not part of the health information kept by or for EIP, (3) is not part of the information you are permitted by law to see and copy, or (4) we decide is correct and complete.

3. *Right To Ask For An Accounting of Disclosures.* You have the right to ask us for an “accounting of disclosures.” This is a list of those people outside of EIP that have received your health information. This right does not include information shared for treatment, payment, or health care operations or when you have provided us with permission to do so. You must put your request in writing and give it to the EIP center where you received your MRI. You can call the EIP center

where you received your MRI to find out how to ask for the list. You must include in your written request how far back in time you want us to go. It may not be longer than six (6) years and may not include dates before April 14, 2003, which is the date by law we are required to begin keeping track of the disclosures.

4. *Right To Ask For Limits On Use And Sharing.* You have the right to ask us to limit the health information we use or share with others about you for treatment, payment, or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You can call the EIP center where you received your MRI to get instructions on how to submit such a request. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) the person or institution the limits apply to (for example, your spouse). For example, you could ask that we not use or share information about an MRI you had. You must put your request in writing and give it to the EIP center where you received your MRI. We are not required to agree to your request. If we do agree to your request, we will not follow your request if the information you asked us to limit is needed to give you emergency treatment.

5. *Right To Ask For Confidential Communications.* You have the right to ask that we contact you about your health information in a certain way or at a certain location that you believe provides you with greater privacy. You can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make your request in writing to the EIP center where you received your MRI. You do not need to provide a reason for your request. We will comply with all reasonable requests.

6. *Right To Ask For A Paper Copy Of This Notice of Privacy Practices.* You have the right to a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically (for example, through the computer),

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you still have the right to a paper copy of this Notice of Privacy Practices. You can get a copy of this Notice of Privacy Practices at our Website at www.eipmri.com. To obtain a paper copy of this Notice of Privacy Practices, contact the EIP center where you received your MRI.

Violation of privacy rights.

If you believe your privacy has been violated by us, you may file a complaint directly with us. You can do this by contacting the EIP Privacy Officer **toll-free at 1-866-398-7364**.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary of Health and Human services, you must (1) name the EIP center or person that you believe violated your privacy rights and describe how that place or person violated your privacy rights, and (2) file the complaint within 180 days of when you knew or should have know that the violation occurred.

All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201**

You will not be penalized for filing a complaint.

Changes to this Notice of Privacy Practices.

We reserve (have) the right to change this Notice of Privacy Practices. We reserve (have) the right to make the revised or changed Notice of Privacy Practices effective for health information we already have about you and for any future health information. We will post a copy of the revised Notice of Privacy Practices in the places where we provide medical services. The Notice of Privacy Practices will contain

the effective date on the first page, in the top left-hand corner. We will provide to you, if you ask us, a copy of the Notice of Privacy Practices that is currently in effect each time you receive an MRI from EIP.

If you have questions about this Privacy Notice.

If you have any questions about this Notice of Privacy Practices, please call EIP's Privacy Officer **toll-free at 1-866-398-7364**.



Excellence in Extremity MRI