



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.

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

We are legally required to protect the privacy of your health information. This information is called “protected health information” (PHI) and includes information that can be used to identify you. We’ve created or received this information about your past, present or future health or condition, the provision of health care to you, or payment for these healthcare services. By law, we must provide you with this notice about our privacy practices that explains how, when and why we use and disclose our PHI. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will change this notice and post a new notice in our reception area. You can also request a copy of this notice from the contact person listed in Section V at any time and can view a copy of the notice on our Website.

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address, and phone number.
- Information relating to your medical history.
- Your insurance information and coverage.
- Information concerning your doctor, nurse or other medical providers.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your “circle of care”- such as the referring physician, your other doctors, your health plan, and close friends or family members.

II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

A. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations.

We may use and disclose personal and identifiable 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 will be listed.

For Treatment. We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures. For example, we will use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested diagnostic radiology services.

For Payment. We will use and disclose 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 insurance company information about your current medical condition so that it will pay us for services that we have furnished you. We may also need to inform your insurance company of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered. In addition, certain information may be released to a collection agency, if necessary, to collect payment from you.

For Health Care Operations. We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services.

B. Other Uses and Disclosures.

Public Health Activities. 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 are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally we may disclose PHI to a person subject to the Food and Drug Administration’s power for the following activities: to report adverse events, product defects or problems, or biological

product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance. We may disclose your PHI in situations of domestic abuse or elder abuse.

Health Oversight Activities. We may disclose PHI 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. 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.

Organ Donation. We may release PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may release PHI to organ procurement organizations, transplant centers, and eye or tissue banks.

Worker's Compensation Programs. We may release your personal health information to workers' compensation or similar programs.

Avoid Harm. Information about you also will be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

Research Purposes. We may use or disclose certain personal health information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your protected health information to prepare or analyze a research protocol and for other research purposes.

Specific Government Functions. 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 PHI about foreign military personnel to the appropriate foreign military authority. 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.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Treatment Alternatives. We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

Our Business Associates. We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality 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, but we will obtain your agreement before doing so. 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 can let us know if we should not speak with other individuals, such as your spouse or family.

C. **All Other Uses And Disclosures Require Your Prior Written Permission.**

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

III. **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.**

- A. **The Right to Request Limits on Use and Disclosures of Your PHI.** 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. We will consider your request, but we are not required, to accept it.
- B. **The Right to Choose How We Send PHI to You.** You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.
- C. **The Right to See and Get Copies of Your PHI.** Except under certain circumstances, you have the right to inspect and copy medical and billing records about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.
- D. **The Right to Correct or Update Your PHI.** If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.



E. **The Right to Get a List of the Disclosures We Have Made.** You have a right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you give us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time. You may also obtain a copy of this form at our web site at www.imaginghealthcare.com.

IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (email: ocrmail@hhs.gov). We will take no retaliatory action against you if you file a complaint about our privacy practices.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY.

If you have any questions about this notice or any complaints about our privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

MemorialCare Imaging Center
Attn: HIPAA Security Officer
3300 West Coast Hwy, Suite B
Newport Beach, CA 92663
949-706-7827

VI. EFFECTIVE DATE OF THIS NOTICE.

This Privacy Policy went into effect on July 1, 2010.



ACKNOWLEDGEMENT OF RECEIPT OF REVISED NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of MemorialCare Imaging Center Notice of Privacy Practices.

Patient Name:

MR#

Signature of Patient/Patient Representative

Relationship to Patient

Date

Electronic copy to be maintained in Patient's electronic health record