

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 goal is to take appropriate steps to attempt to safeguard certain medical or other personal information that is provided to us. We are required to: (1) maintain the privacy of certain medical information provided to us; (2) provide notice of our legal duties and privacy practices; and (3) abide by the terms of our Notice of Privacy Practices currently in effect.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of our employees and staff as well as:

- NOL, LLC d/b/a Premier Radiology
- Phydata, LLC. (A physician billing and management company)
- All of these individuals, entities, sites, and locations will follow the terms of this notice. In addition, these individuals, entities, sites and locations may share medical information with each other for the treatment, payment or health care operations purposes described in this notice.

INFORMATION COLLECTED ABOUT YOU

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. As described in this Notice, we will attempt to safeguard information which identified you and which relates to your past, present, or future (1) physical or mental condition; (2) the provision of health care to you; or (3) the payment for the provision of health care to you. We refer to such information as your “medical information”.

OTHER WAYS WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose your medical information about you in different ways. The following categories describe the different ways that we may use or disclose your medical information without your written authorization. For each category, we will explain what we mean and try to give some examples. Some of the examples listed in these categories may require your permission, though your permission need not be given in writing. Not every use or disclosure in a category will be listed. However, all of the ways in which we may use or disclose your medical information without your written authorization should fall within one of the following categories:

- **For Treatment.** We may use or disclose your medical information to furnish services and supplies to you, in accordance with our policies and procedures. For example, we may use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested ultrasound or other diagnostic services. We may also disclose your medical information to other health care providers to assist in treating you.

- **For Payment.** We may use and disclose your medical information to bill for our services and to collect payment from your or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the ultrasound examinations or other services that we have furnished you. We may also need to inform your payer of the tests that 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 your medical information 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.
- **Public Policy Uses and Disclosures.** There are a number of public policy purposes for which we may use or disclose your medical information. We may use or disclose your medical information when we are required to do so by federal, state or local law.

We may use or disclose your medical information in connection with certain public health reporting activities. For instance, we may disclose your medical information to a public health authority authorized to collect or receive health information for the purpose of preventing or controlling disease, injury, 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, for example: State Health Departments, The Center for Disease Control, The Food and Drug Administration, The Occupational Safety and Health Administration and The Environmental Protection Agency.

We are also permitted to use or disclose your medical information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally, we may use or disclose your medical information 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 use or disclose your medical information in situations of abuse, neglect, or domestic violence.

- **Our Business Associates.** We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your medical 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 medical information.
- **Individuals Involved in Your Care or Payment for Your Care.** We may use or disclose your medical information to family members or others whom you have involved in your care or in the payment for your care or to notify or assist in notifying a family member, personal representative, or another person responsible for your care, or your location, general condition or death.
- **Appointment Reminders.** We may use and disclose your 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 medical information in order to tell you about or recommend possible treatment options, alternatives, or health-related services that may be of interest to you.
- **Marketing.** We may communicate with you face-to-face regarding goods and services that may be of interest to you and may provide you with promotional gifts of nominal value.
- **Fundraising.** We may use your medical information to contact you in an effort to raise funds for our operations. If you do not wish that we use your information for our fundraising purposes, please contact the HIPAA Compliance Privacy Officer at (615) 851-6033.

OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

We are required to obtain written authorization from you for any other uses and disclosures of your 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 undo actions already taken based upon your original permission.

YOUR RIGHTS

You have the right to ask for restrictions on the ways in which we use and disclose your medical information for treatment, payment or health care operations. You also have the right to request restrictions on certain disclosures to persons, such as family members, involved in your care or the payment for your care. We will consider your request, but we are not required to accept it.

We may use or disclose your medical information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include, for example, audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings, 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 use or disclose your medical 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.

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

We may use or disclose your medical information to Workers' Compensation or similar programs.

Your medical information may also be used or disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

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 medical information to prepare or analyze a research protocol and for other research purposes.

If you are a member of the Armed Forces, we may use or disclose your medical information as required by military command authorities. We also may release personal health information about foreign military personnel to the appropriate foreign military authority.

We may use or disclose your medical information in connection with certain legal or administrative proceedings. We may release such information upon order of a court or administrative tribunal. In certain circumstances, we may also release protected health information in the absence of such an order and in response to a discovery or other lawful request.

If you are an inmate, we may release your medical information to a correctional institution where you are incarcerated or to law enforcement officials.

Finally, we may use or disclose your medical 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.

You have the right to request that you receive communications containing your medical 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.

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.

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 add the missing information. Under certain circumstances, we may deny your request.

You have the right to ask for a certain list of instances when we have used or disclosed your medical information. 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.

To exercise any of your rights, please contact us in writing at: HIPAA Compliance Privacy Officer for Premier Radiology, P.O. Box 249, Goodlettsville, TN 37070-0249.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for all personal health information we maintain, including information created or received before the change. In the event there is a material change to this Notice, we are not required to notify you, but we may post the revised Notice in our office. Also, you may request a copy of the revised Notice in person at our office at any time.

COMPLAINT/COMMENTS

If you have any comments concerning our Privacy Policy, you may contact the Secretary of the Department of Health and Human Services. You may also contact us at HIPAA Compliance Privacy Officer for Premier Radiology, P.O. Box 249, Goodlettsville, TN 37070-0249 or by calling (615) 851-6033. To obtain more information concerning this Notice of Privacy Practices, you may contact our Privacy Officer at the above-listed address and phone number. This Privacy Policy is effective April 14, 2003.

RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of NOL, LLC, d/b/a Premier Radiology and RADS, LLC, d/b/a Premier Radiology & Pain Management Center. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice at our next visit or request a copy by visiting our website : www.Premierradiology.com or by requesting a copy from our Privacy Officer at (615) 851-6033.

If you have any questions about our Notice of Privacy Practices, please contact the Privacy Officer at (615) 851-6033.

I _____ (PRINT NAME) acknowledge receipt of NOL, LLC, d/b/a Premier Radiology and RADS, LLC, d/b/a Premier Radiology & Pain Management Center’s Notice of Privacy Practices.

Patient’s or Patient’s Representative Signature

Date

INABILITY TO RECEIVE NOTICE (Provider Use only)

To be completed only if no signature is obtained. If it is not possible to obtain the individual’s acknowledgement, describe the good faith efforts made to obtain the individual’s acknowledgement, and the reasons why the acknowledgement was not obtained.

Signature of Provider Representative

Date