

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.

UNDERSTANDING THIS NOTICE

We understand that information about your health, healthcare and payment for healthcare is personal and confidential, and we are committed to safeguarding that information. Your health information is protected by state and federal laws and regulations. This Notice will tell you about the ways in which we may use and disclose your protected health information. This Notice describes the practices of **Middle Tennessee Imaging, LLC and NOL, LLC**, which do business under the name **Premier Radiology** at various facilities in Tennessee, and **RADS of America, LLC**, which does business under the name of **Premier Radiology Pain Management Center**.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and healthcare 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 that identifies you and which relates to your past, present, or future (1) physical or mental condition; (2) the provision of healthcare to you; or (3) the payment for the provision of healthcare to you. We refer to such information as your "health information".

YOUR HEALTH INFORMATION RIGHTS

Although your health record is our physical property, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your protected health information for treatment, payment or healthcare operations. You also have the right to request restrictions on certain disclosures to persons, such as family members involved with your care or the payment for your care. However, we are not required to agree to these requests.
- Obtain a copy of this Notice of Privacy Practices upon request. You may request a paper copy of this Notice, in person, at any of our offices. You also may obtain a copy of this Notice from our website at www.PremierRadiology.com.
- Inspect and request a copy of your health record as provided by law.
- Request that we amend your health record as provided by law. We will attempt to notify you if we are unable to grant your request.
- Obtain an accounting of certain disclosures of your protected health information as provided by law.
- Request communications of your protected health information by alternative means or at alternative locations. We will accommodate reasonable requests.
- Revoke your authorization to use or disclose your protected health information except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this Notice by providing a written request to our HIPAA Compliance Privacy Officer at 3024 Business Park Circle, Goodlettsville, TN 37072.

OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a Notice as to our legal duties and privacy practices with respect to protected health information we maintain about you.
- Abide by the terms of our Notice of Privacy Practices currently in effect.
- We reserve the right to change our practices and to make changes effective for all protected health information we maintain, including information created or received before the change. Should our privacy practices change, we are not required to notify you, but we may post the revised Notice at each of our locations, and you may request copies of the revised Notice in person at each of our locations and on our website at www.PremierRadiology.com.

Premier
Radiology



WAYS WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Generally, we may not use or disclose your protected health information without your written authorization. However, in certain circumstances, we are permitted to use or disclose your protected health information without your written authorization. The categories listed below describe different ways that we may use and disclose your protected health information without your written authorization. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category is listed. However, all of the ways in which we may use or disclose your protected health information without your written authorization should fall within one of the categories described in this Notice.

WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT. We may use and disclose your private health 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 a requested ultrasound or other diagnostic services. We also may disclose your health information to other healthcare providers to assist in treating you.

WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR PAYMENT. We may use and disclose your health information to bill for our services and to collect payment from you 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 also may 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.

WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR HEALTHCARE OPERATIONS. We may use and disclose your health 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.

WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION AS OTHERWISE ALLOWED OR REQUIRED BY LAW. In addition to using your health information for treatment, payment and healthcare operations, we may use and disclose your protected health information in the following additional ways:

- **Business Associates.** We sometimes work with outside individuals and businesses who help us operate our business successfully. We may disclose your protected 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 protected health information.
- **Individuals Involved in Your Care or Payment for Your Care.** We may use or disclose your health 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, of your location, general condition or death.
- **Research.** We may disclose information 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 health information.
- **Funeral Directors, Coroners and Medical Examiners.** We may disclose information to funeral directors, coroners and medical examiners consistent with applicable law to carry out their duties.
- **Organ Procurement Organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transportation of organs for the purpose of tissue donation and transplant.
- **Contacting You About Appointments, Insurance and Other Matters.** We may contact you by mail, phone, fax or email about appointments, registration questions, insurance updates, billing or payment matters, test results, to follow up about care received, about treatment alternatives, and health related benefits that may be of interest to you. We may leave voice messages at the telephone number you give to us. We may communicate to you via newsletters, mail outs or other means regarding health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.
- **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government benefits programs and compliance with civil rights laws.
- **Workers' Compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **Public Health.** Consistent with applicable law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- **Abuse Neglect or Domestic Violence.** Consistent with applicable law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence.
- **Judicial, Administrative and Law Enforcement Purposes.** Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes. This may include, for example, disclosures to avert a serious threat to you or a third party's health or safety as well as victims of crime or criminal conduct at one of our offices or facilities.

- **To Avert a Serious Threat to Health or Safety.** Consistent with applicable law, we may use and disclose your health information when we believe it is 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 or lessen the threat or to law enforcement authorities in particular circumstances.
- **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations to the extent permitted by law.
- **Custodial Situations.** If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your health information to a correctional institution or law enforcement official in certain circumstances.
- **Required or Allowed by Law.** We may use and disclose your protected health information if required to do so by federal, state or local law.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you can file a written complaint with our HIPAA Compliance Privacy Officer at 3024 Business Park Circle, Goodlettsville, TN 37072, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

This Privacy Policy is effective April 14, 2013.

RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Middle Tennessee Imaging, LLC d/b/a Premier Radiology, and RADS of America, 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 by visiting our website at www.PremierRadiology.com. You also may request 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 the Notice of Privacy Practices of Middle Tennessee Imaging, LLC and NOL, LLC d/b/a Premier Radiology, and RADS of America, LLC, d/b/a Premier Radiology Pain Management Center.

Patient's Signature or Signature of Patient's Representative

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.

Provider Representative Signature

Revised 09.8.2013