CLEVELAND CHATTANOOGA IMAGING DALTON

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.

1. We have a legal obligation to safeguard your protected health information. We are legally required to protect the privacy of your health information. We call this information protected health information, or PHI for short, and it includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about privacy practices that explains how, when, and why we use and disclose your PHI With some exceptions, we may mot use or disclose any 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 motice. However, we reserve the right to change this notice and poat s new notice in the reception ares. You can obtain a copy of this notice from any Chattanooga Imaging employee.
2. How we may use and disclose your protected health information. We use snc disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specifis authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and disclosures relating to treatment, payment or health care operations require your prior written consent.
   a. **For treatment.** We may disclose your PHI to physicians, nurses, medical stucents, and other healthcare personnel who provide you with healthcare services or are involved in your care. For example, if you are referred to a physician other than your ordering physician as a direct result of your care at Chattanooga Imaging, we may disclose your PHI to that physician's office in order to coordinate your care.
   b. **To obtain payment for treatment**. We may use and disclose your PHI in order to bill and collect payment for the treatment of services provided to you. For example, we may provide portions of your PHI to our billing company and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as a collection agency, and others that process our health care claims.
   c. **For health care operations**. We may disclose your PHI in order to operate this imaging center. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may aiso provide your PHI to our accountant, attorneys, consultants, and others in order to make sure we are compiying with the laws that affect us.
   d. **Exceptions to consent requirements for treatment, payment, snd health care operations**. Although your consent is required for numbers 1-3 of this section, above, we may disclose your PHI to others without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as tong as we try to get your consent after treatment or we try to get your consent but you are unable to communicate with us (for example if you are unconscious or in severe pain) and we think you would consent if you were able to do so.

B. Certain uses and disclosures do not require your consent. We may use and disclose your PHI without your consent or authorization for the following reasons:
   a. When federal, state or local law, judicial or administrative proceedings, or law enforcement requires a disclosure. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personne! about victims of abuse, neglect or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
   b. For health oversight activities. For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
   c. For research purposes. in certain circumstances, we may provide PHI in order to conduct medical research.
   d. To avoid harm. in order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
   e. For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. We may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
   f. For worker's compensation purposes. We may provide PHI in order to comply with worker's compensation laws.
   g. Appointment reminders and health-related benefits of services. We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

C. Two uses and disclosure require you to have the opportunity to object
    a. Disclosures to family, friends, or others. We may provide you PHI to a family member, friend or other person that you indicate is involve in your care or the payment of your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
    b. All other uses and disclosures require your prior written authorization. in any other situation not described, we will ask for your written authorization before using or disclosing any of your PHI if you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action retying on authorization).

3. What rights you have regarding your PHI
    a. The right to request limits on uses and disclosures of your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
    b. The right to choose how we send PHI to you. You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address}. We must agree to your request so long as we can easily provide it in the format you requested.
    c. The right the see and get copies of your PHI. In most cases, you have the right to look at or get copies of your PHI. If you request copies of your PHI, we will charge you $2.00 per each page of written information. Any film requests that have to be printed are $25.00 per exam. if Chattanooga Imaging has an existing copy of films, they may be loaned to you at no cost.
    d. The right to get a list of the disclosures we have made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or heah care operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made prior to April 14, 2003. We will respond within 30 days of receiving your request. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We willl provide the list to you at no charge, but if you make more than one request in the same year, we will charge you $5.00 for each additional request.
    e. The right to correct or update your PHI. if you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. We will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.
    f. The right to get this notice by email. You have the right to get a copy of this notice by email. Even if you have agreed to receive notice vis email, you also have the right to request a paper copy of this notice.

4. How to complain about our privacy practices. If you believe your privacy rights have been violated or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section 5 below. You may also send a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 5096, H Building. Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

5. Person to contact for information about this notice or to complain about our privacy practices. If you have any questions adout this notice or any complaints sbout our privacy practices, or would like to know now to file a complaint please contact:

    Chattanooga Imaging

    Attn: Director of Operations

    1710 Gunbarrel Road

    Chattanooga TN 37421

    (423) 553-1220

6. Effective date of this notice. This notice went into effect April 14, 2003.