

Summary Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to the information.

Please review it carefully.

ImageCare Centers keeps medical information about you. This information is personal and private. We need to use this information in many ways. First, we use the information when we treat you and refer to you for treatment. Second, we use this information to pay bills for your medical care.

Finally, we use this information for our health care operations. This means the work we must do to provide services to you.

Under the law, each patient has certain rights to the medical information kept at ImageCare Centers. These rights are:

- Access – You can ask to look at your information
- Restriction – You can ask to limit who sees your information. You can ask to limit what information is sent out.
- Accounting – You can ask to see the list of places where your information is being sent.
- Amending – You can ask to change medical information if it is wrong.

A complete Notice of Privacy Practices with explanations of uses, disclosures, rights and information on how to file a privacy complaint is available at the following:

- On our website at www.imagecarecenters.com
- In person at our facility

You also have the right to file a complaint regarding privacy with the Secretary of Health and Human Services at 1- (877)-696-6775.

For further information contact Andreia Lima 201.874.3104

Notice of Privacy Practices

Effective as of: June 2023

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices concerning medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We use and disclose medical information in many ways. For each category of uses of disclosures, we will explain what we mean and try to give some examples. Not every use or disclosures we will explain what we mean and try to give some examples. Not every use or disclose in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- *For Treatment* – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, nursing and medical students, or other facility personnel who are involved in taking care of you at the hospital. We may also disclose medical information about you to people outside the facility who may be involved in your medical care.
- *For Payment* – We may use and disclose medical information about you so that the treatment and services you receive at the diagnostic medical center may be billed to you and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether or not your plan will cover the treatment.
- *For Health Care Operations* – We may use and disclose medical information about you for medical operations. These uses and disclosures are necessary to run the diagnostic medical facility and make sure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, nursing and medical students, and other diagnostic medical center personnel for review and learning purposes. We may also combine medical information we have with medical information from other centers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who specific patients are.
- *Appointment Reminders* - We may use and disclose medical information to contact you as a reminder that you have an appointment for an exam.

- *Treatment Alternatives* – We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- *Health-Related Benefits and Services* – We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- *Individuals Involved in your Care or Payment for your Care* – We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition when you are in our facility.
- *Research* – Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects are subject to an approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' needs for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct the research project. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the diagnostic medical facility.
- *As Requested by Law* - We will disclose medical information about you when required to do so by federal, state or local law.
- *To Avert a Serious Threat to Health or Safety* – We may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

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SPECIAL SITUATIONS

- **Organ and Tissue Donation** – If you are a member of the armed forces, we may release medical information about you that is required by the military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation** – We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks** – We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities** – We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes** – If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement** – We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's

agreement;

- About a death we believe may be the result of a criminal conduct;
 - About criminal conduct at the agency; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
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- *Coroners, Medical Examiners and Funeral Directors* – We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the agency to funeral directors as necessary to carry out their duties.

 - *National Security and Intelligence Activities* – We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

 - *Protective Services for the President and Others* – We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

 - *Correctional Institutions* – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary:
 - For the institution to provide you with health care;
 - To protect your health and safety or the health and safety of others; or
 - For the safety and security of the correctional institution.

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YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- You have the following rights regarding medical information we maintain about you:
- *Right to Inspect and Copy* – You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying in certain very limited circumstances. If you are denied access to medical information, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.
- *Right to Amend* – If you feel that medical information we have about you is incorrect or incomplete; you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all the information, both old and new, is kept by or for the agency.
- To request an amendment, your request must be made in writing and you must provide a reason that supports your request.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for the agency;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- *Right to an Accounting of Disclosure* – You have the right to request an “accounting of disclosures.” This is a list of the

disclosures we made of medical information about you, excluding disclosures for the purpose of treatment, payment and health care operations. To request this list or accounting disclosures, you must submit your request in writing. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- *Right to Request Restrictions* – You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.
- *We are not required to agree to your request* – If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. 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) to whom you want the limits to apply, for example, disclosures to your spouse.
- *Right to Request Confidential Communications* – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests.
 - Your request must tell us where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.
- *Right to a Paper Copy of this Notice* – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- *Changes to this Notice* – We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are admitted to the agency for treatment or health care services, we will offer you a copy of the current notice in effect.

- *Complaints* – If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint with the Secretary of the Department of Health and Human Services, the complaint must be submitted in writing to: Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Jarvits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278. (Voice Phone: 212-264-3313; FAX: 212-264-3039; TDD: 212-264-2355.) Complaints may also be filed via email at OCDRComplaint@hhs.gov
- Complaints to the Secretary must: (1) Be filed in writing, either on paper or electronically; (2) name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable regulation; and (3) be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. You will not be penalized for filing a complaint.
- *Other Uses of Medical Information* – Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

For further information, please contact the Andreia Lima 201.874.3104