

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.

INSIGHT IMAGING, LLC HAS A LEGAL DUTY TO SAFEGUARD YOUR PERSONAL MEDICAL INFORMATION, also called PROTECTED HEALTH INFORMATION or "PHI."

All our doctors, nurses, health professionals, and other personnel are legally required to protect the privacy of your PHI. This PHI includes information that can be used to identify you. We collect or receive this information about your past, present, or future health condition to provide healthcare to you and to receive payment for this healthcare.

We are required by law to provide you with this notice of our privacy practices that explains how, when, and why we use and disclose (or release) your PHI, and we are also required by law to abide by the terms of our notice of privacy practices currently in effect. With some exceptions, we are not allowed to use or release any more of your PHI than is necessary to accomplish our needs.

We reserve the right to change our privacy practices and the terms of this notice at any time. Any changes to the terms of this notice will apply to the PHI about you that we already have. You can request a copy of this notice from the contact person listed at the end this notice at anytime, and you can view a copy of the notice on our website at www.insightimagingllc.com.

WE MAY USE AND RELEASE YOUR PHI for many different reasons. For some of these reasons, we do not need your permission, and for other reasons, we will need your permission in the form of a signed authorization. Below we describe when we use and release your PHI and provide examples of such instances.

A. WE MAY USE OR DISCLOSE YOUR PHI FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS WITHOUT YOUR CONSENT.

1. For Treatment. We may release your PHI to physicians, nurses, medical students, and other healthcare personnel and agencies who provide or who are involved in your healthcare. For example, we may release your PHI to your primary care physician in order to coordinate your care.

2. To obtain payment for treatment. We may use and release your PHI in order to bill and collect payment for services provided to you. For example, we may release portions of your PHI to your health plan to get paid for the healthcare services we provide to you. We may also release your PHI to our business associates, such as billing companies and others that process our healthcare claims. It is important that you provide us with correct and up-to-date information.

3. To run our healthcare business. We may release your PHI in order to operate our facility in compliance with healthcare regulations. For example, we may use your PHI to review the quality of our services and to evaluate the performance of our staff in caring for you.

B. WE ALSO DO NOT REQUIRE YOUR CONSENT TO USE OR RELEASE YOUR PHI AS FOLLOWS:

1. When federal, state, or local law requires us to do so or when law enforcement agencies request your PHI. We will release your PHI when the law requires us to do so. Some examples are: for notification and identification purposes when a crime has occurred or in missing person cases; when a crime has taken place on our premises; or about victims of a crime with their consent or in an emergency situation.

2. When we are ordered by a court to do so in the course of judicial or administrative proceedings. For example, we may release your PHI in response to a court order or court-ordered subpoena.

3. For public health activities. We report information about births, deaths, and various diseases to government officials in charge of collecting that information and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

4. For purposes of organ donation. For patients that have previously agreed to organ donation, we may notify organ procurement organizations to assist them in organ, eye or tissue donation, and transplants.

5. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide your PHI to law enforcement personnel or persons able to prevent or lessen such harm.

6. For worker's compensation purposes. We may release your PHI in order to comply with worker's compensation laws. If you do not want worker's compensation notified, alternate insurance or payment information must be supplied.

7. For appointment reminders and health-related benefits and services. We may use your PHI to contact you as a reminder that you have an appointment or to recommend treatment options or alternatives that may be of interest to you.

8. For health oversight activities. We may use PHI and may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for oversight of the healthcare system, government benefit programs, or entities subject to government regulation or civil rights laws.

9. To the government for certain specialized functions. For example, we may release your PHI to military command authorities if you are a member of the military. We may also release your PHI to federal officials for national security purposes.

10. When we believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if required by law, if you agree, or if specifically authorized by law and one our physicians believes the disclosure is necessary to protect you or other victims.

C. YOU HAVE THE OPPORTUNITY TO AGREE TO OR OBJECT TO THE FOLLOWING:

We may release your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare, unless you object in whole or in part. We may also release

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your PHI for disaster relief purposes (for example, to the Red Cross) unless you object. Your choice to object may be made at any time.

D. YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY USES AND DISCLOSURES OF YOUR PHI NOT INCLUDED ABOVE.

We will ask for your written authorization before using or releasing any of your PHI, except as described above. If you sign an authorization that allows us to release your PHI, you may later cancel that authorization in writing. This will stop any future release of your PHI for the purposes you previously authorized, but you understand that we are unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR PHI

A. You Have the Right to Request Limits or Restrictions on How We Use and Release Your PHI.

We are not required to agree to a requested restriction, but if we do agree, we will put any limits in writing and abide by them except in emergency situations. You may not limit or restrict the use or disclosure of your PHI when we are legally required or allowed to release your PHI.

B. You Have the Right to Choose How We Communicate PHI to You.

All of our communications to you are considered confidential. You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address) or by alternative means (for example, e-mail instead of regular mail). We must agree to your request if it is reasonable. Any additional expenses will be passed on to you for payment.

C. You Have the Right to See and Get Copies of Your PHI.

This usually includes medical and billing records but does not include certain information, like psychotherapy notes. You must request your PHI in writing. In certain situations, we may deny your request. If we do, we will tell you, in writing, why we denied your request. You have the right to have the denial reviewed. We will choose another licensed healthcare professional to review your request and the denial. The person conducting the review will not be the person who denied your first request. We will charge you the reasonable cost of making copies of your PHI.

D. You Have the Right to Get a List of Certain Instances of When and to Whom We Have Disclosed Your PHI.

The list we provide will include the last six years of activity unless you request a shorter time. The list will include dates when your PHI was released and why, to whom your PHI was released (including their address if known), and a description of the information released. This list **will not** include certain disclosures, such as disclosures you authorized, disclosures for treatment, payment, or operations, disclosures for national security purposes, or disclosures made before April 15, 2003. The first list of disclosures you request within a 12-month

period will be free. You will be charged a reasonable fee for additional lists within that time frame. Please submit all requests for this information to: Insight Imaging, LLC, 1901 Roxborough Road, Suite 200, Charlotte, North Carolina 28211.

E. You have 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 or add the missing information. We can do this for as long as the information is retained by us. You must provide the request and your reason for the request in writing. If we deny your request, our written denial will state our reasons and explain your right to file a written statement of disagreement. If you do not file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future uses or releases of your PHI. If we approve your request, 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 or amendment to your PHI. Please submit all requests for this information to: Insight Imaging, LLC, 1901 Roxborough Road, Suite 200, Charlotte, North Carolina 28211.

F. You have the Right to Get This Privacy Notice Electronically.

However, even if you have agreed to receive this notice electronically, you also have the right to request a paper copy of this notice. Please submit this request to: Insight Imaging, LLC Attention Privacy Officer, 1901 Roxborough Road, Suite 200, Charlotte, North Carolina 28211.

HOW TO VOICE YOUR CONCERNS OR FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES: If you would like to make a request, if you think that we may have violated your privacy rights, or if you disagree with a decision we made about access to your PHI, you may contact the person listed below:

Insight Imaging, LLC
Attention: Privacy Officer
1901 Roxborough Road, Suite 200
Charlotte, North Carolina 28211
(800) 890-2813

You also may send a written complaint to the Secretary of the Department of Health and Human Services at the following address: Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909.
You will not be penalized for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 15, 2003 and was revised on May 1, 2007.