

NOTICE OF PRIVACY POLICIES

Diagnostic Imaging Associates of WNY

100 College Parkway

Williamsville, NY 14221

Effective April 14, 2003

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.

At Diagnostic Imaging Associates, we are committed to treating and using protected health information about you in a responsible manner. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by Federal regulations.

Understanding Your Health Record/Information

Each time you visit Diagnostic Imaging Associates, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, and recommendations for future care. This information, your medical record, serves as a:

- Basis for planning your care,
- Means of communication among the health professionals who contribute to your care;
- Legal document describing the care you received,
- Tool in educating health professionals,
- Source of information for public health officials charged with improving the health of the State or nation;
- Source of data for our planning and marketing, and
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, understand who may access your health information and under what circumstances, and make informed decisions about authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Diagnostic Imaging Associates, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative location,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Diagnostic Imaging Associates is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also cease to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Debra Thomas, at 636-1902.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either. The address for the OCR is:

Office for Civil Rights

US Dept. of Health and Human Services

200 Independent Ave. SW

Room 509F, HHH Building

Washington, DC 20201

Examples of Uses and Disclosures of Your Health Information

Treatment

For example, health information obtained by a nurse, physician, technologist, or other member of the Diagnostic Imaging Associates staff will be documented in your medical record. This information may be included in the exam report, which will be given to your physician or other health care provider.

Payment

For example, a bill may be sent to you or to a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, supplies used, and test results.

Regular Health Operations

For example, members of the Diagnostic Imaging Associates staff may use information in your health record to assess the care we have given in your case and others like it. This information will then be used to improve the quality and efficiency of the services we provide.

Business Associates

There are some services provided in our organization through contacts with Business Associates. Examples include billing, accounting, legal, and collection services. When these services are contracted, we may disclose your health information to a Business Associate so that it can perform the job we have asked it to do, such as bill you or your third party payer for services rendered. To protect your health information, we require the Business Associate to appropriately safeguard your information.

Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative, or

another person responsible for your care, your location, and general condition.

Communication

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Marketing

We may contact you to provide appointment reminders or other health related services that may be of interest to you.

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

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Other

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

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