

MEMORIAL'S VALLEY IMAGING

NOTICE OF PRIVACY PRACTICES 45 CFR §164.520

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.

If you have any questions about this Notice please contact the Privacy Officer.

This Notice of Privacy Practices this ("Notice") describes how Valley Imaging, Inc. doing business as Memorial's Valley Imaging, (Center) may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for the other purposes that are permitted by law. This Notice also describes your rights to access and control your PHI. PHI is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice. We may change the terms of this Notice at any time. Any such changes will be effective immediately upon approval by the Center's management staff and privacy officer and will apply to all PHI maintained by the Center at that time. The Center will post any revised Notice of Privacy Practices on its website memorialsvip.com. You may request a revised Notice by calling the Center office and requesting that a revised copy be sent to you in the mail or you may ask for a revised Notice at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Your PHI will be disclosed to the physician ordering your exam and to others involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed as necessary to receive payment for your health care services and to support the operation of the Center.

Following are examples of the types of uses and disclosures of your PHI by the Center. These examples are not exhaustive, but describe the types of uses and disclosures that may be made by our office.

Treatment: The Center will disclose your PHI to your ordering physician and to other physicians who may be involved in your healthcare treatment.

In addition, the Center may disclose PHI from time-to-time to another physician or health care provider (e.g., a specialist) who, at the request of your primary physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your PHI will be used, as needed, to obtain payment for you health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we have provided such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare operations: The Center may use or disclose, as needed, your PHI in order to support the business activities of the Center. These activities include, but are not limited to, quality assessment activities, employee review activities, training of radiology students, licensing, and conduction or arranging for other business activities.

The Center will share your PHI with third party "business associates" that perform various activities for the Center. Whenever an arrangement between the Center and a business associate involves the use or disclosure of your PHI, the Center has a written contract that contains terms that will protect the privacy of your PHI.

Appointments: We may contact you to provide appointment reminders and leave a message if you are unavailable.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Uses and disclosures of your PHI for purposes other than treatment, payment or healthcare operations will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may

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revoke this authorization, at any time, in writing, except to the extent that the Center has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

Others Involved in Your Healthcare: Unless you object, the Center may disclose to a member of your family, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location and general condition.

Emergencies: The Center may use or disclose your PHI in an emergency treatment situation.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

The Center may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Required By Law: The Center may use or disclose your PHI to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: The Center may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: The Center may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: The Center may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights laws.

Abuse or Neglect: The Center may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: The Center may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recall; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: The Center may also disclose PHI in the course of any judicial or administrative proceeding, in response to an order or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process..

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Law Enforcement: The Center may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, and (5) in the event that a crime occurs on the premises of the Center

Coroner: The Center may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

Research: The Center may disclose your PHI 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 PHI.

Criminal Activity: Consistent with applicable federal and state laws, the Center may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, the Center may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.5000 et. Seq.

2. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that the Center uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact the Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply.

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The Center is not required to agree to a restriction that you may request. If the Center believes it is in your best interest to permit use and disclosure of your PHI, PHI will not be restricted. If the Center does agree to the requested restriction, we may not disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request at the time of your appointment. You may request a restriction by submitting your request in writing to the Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. The Center will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have the radiologist amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Notice.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe the Center has violated your privacy rights. You may file a complaint with the Center by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at (509) 248-7380 or Memorial's Valley Imaging, P.O. Box 2925, Yakima, Washington, 98907-2925, attention Privacy Officer, for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003. Revised name to Memorial's Valley Imaging Partners (VIP), 01/2006. Revised name to Memorial's Valley Imaging (Center), 01/2007.