



HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: APRIL 1, 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.

This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). It is designed to tell you how we may, under federal law, use or disclose your Health Information.

I. We May Use or Disclose Your Health Information for Purposes of Treatment, Payment or Healthcare Operations and Here is One Example of Each:

The health care administrative and professional staffs in our office may access your information for purposes of providing care to you. Our staff may send, mail, fax or courier your formal report and/or films to/from other health care providers, including your referring physician, for the sole purpose of providing a continuum of care.

Our billing department may access your information and send relevant parts to your insurance company to allow us to be paid for the services we render to you.

We may access or send your information to our attorneys or accountants in the event we need the information in order to address one of our own business functions.

We will make reasonable efforts to limit the Health Information we use or disclose to the "minimum necessary" to accomplish the stated purpose.

II. We May Also Use or Disclose Your Health Information Under the Following Circumstances without Obtaining Your Prior Written Authorization:

To Notify and/or Communicate with your Family. We cannot discuss or provide your Health Information to your family or friends unless they are your "legally authorized representative" (and therefore step into your shoes) or you verbally agree or we are reasonably able to infer from the circumstances that you do not object to the sharing of this information (e.g., you bring your spouse into the treatment area). Otherwise, we can only share your Health Information with your family or friends if:

- you signed an Authorization specifically allowing us to do so;
- you are not present (or your agreement cannot be obtained because of incapacity or an emergency circumstance) and the disclosure is in your best interest in which case we will only disclose that amount which is directly relevant to the particular family member or friend's involvement with your care;
- a public or private entity (e.g., the Red Cross) requires the Health Information to assist in disaster relief efforts for the purpose of notifying your family, personal representative or someone else responsible for your care, of your location, general condition or death;
- we need to use or disclose your Health Information to notify your family, a personal representative or someone else involved in your care of your location, general condition or death.

If you are a Minor (i.e., under 18 and not "emancipated"), your parent will be deemed to be your authorized representative *except where you are married or the condition being treated relates to pregnancy, sexually transmitted disease or sexual assault or substance abuse*. Your parent will NOT be deemed to be your authorized representative if you are 12 years old or older, and the information relates to AIDS or HIV infection. *However, even if one of the above exceptions applies to you, the ultimate decision to provide or deny access to a parent may be made by your treating physician, in the exercise of professional judgment.*

With Respect to AIDS/HIV Information: **As a general rule, we will not disclose information relating to AIDS/HIV without your written permission. We may forego your written consent when your information is to be used:**

- for the purpose of conducting research and you are not identified;
- for the purpose of conducting internal audits or program evaluation and you are not identified in any report and identifying information is released to personnel only if it is vital to the audit or evaluation;
- by personnel directly involved in medical education or in your diagnosis or treatment;
- by the New Jersey Department of Health as required by law;
- as permitted by law for the purposes of disease prevention and control;
- in all other instances as authorized by law; or
- by court order.

With Respect to Drug and Alcohol-Related Information: As a general rule, we will not disclose information relating to drug and alcohol treatment without your written permission. We may forego your written consent when your information is to be used:

- by medical personnel to the extent necessary to meet a medical emergency;
- by qualified personnel for the purpose of conducting research, internal audits, or program evaluation as long as you are not identified directly or indirectly, in any report and your identity is not otherwise disclosed in any manner; or
- in accordance with a court order.

Please note that the limits on disclosure of Alcohol/Drug Abuse Records shall continue to apply even after you cease being a patient of the Practice. Note further that we do not need your written permission with respect to information to be provided to address (i) crimes committed or threatened by you against the Practice; or (ii) reporting under State law, incidents of suspected child abuse and neglect to the appropriate State or local authorities.

In the Event of Emergencies: We may use or disclose your Health Information to provide information in the event of your own personal health emergency, natural disasters or fire emergency in the facility.

For Public Health Activities: We may use or disclose your Health Information to provide information to the New Jersey Department of Health and Senior Services and/or other state or federal public health authorities, as required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report adult abuse, neglect or domestic violence; to report to persons subject to the Food and Drug Administration information relating to products and/or adverse reactions to medications; and report disease or infection exposure as required by law to conduct a public health intervention or investigation

For Health Oversight Activities: We may use or disclose your Health Information to health oversight agencies, such as JCAHO, as required during the course of audits, investigations, inspections, accreditations, licensure and other proceedings as authorized by law.

For Purposes of Obtaining Radiopharmaceuticals: We may use or disclose your Health Information in order to obtain appropriately dosed and labeled radiopharmaceuticals for your care.

For Service and Repair of Equipment: We may use or disclose your Health Information in the course of any service or repair of computers or medical imaging equipment containing the justification for the service call. The equipment vendors are required to sign a HIPAA regulated "Business Associate Agreement" which requires them to maintain the privacy and security of the Health Information to give to them.

For Purposes of Off-Site Storage: We may use or disclose your Health Information in the course of storing or retrieving information maintained off-site. The vendors are required to sign a HIPAA regulated "Business Associate Agreement".

In Response to Subpoenas or for Judicial and Administrative Proceedings: We may use or disclose your Health Information in response to a court order. We will require an attorney requesting your Health Information in private, civil matters, to provide us with a court order before responding to any subpoena request.

To Law Enforcement Personnel: We may disclose your Health Information to a law enforcement official to report certain types of wounds as required by law. We may also use or disclose your Health Information if, because of mental or physical condition we believe that you pose an imminent threat to the health or safety of a particular person or the general public.

III. We May Also Use or Disclose Your Health Information for the Following Purposes:

Appointment Reminders: We may use your Health Information in order to contact you (by mail or telephone) to provide appointment reminders or information about treatment alternatives or health-related benefits and services offered by us that may be of interest to you.

Change of Ownership: In the event that our practice is sold or merged with another organization, we may provide your Health Information as part of the pre-sale due diligence process and, upon completion of the sale, your Health Information will become the property of the new owner.

IV. For All Other Circumstances, We May Only Use or Disclose Your Health Information to a Third-Party (Even Upon Your Request), if You Have Signed a HIPAA-Compliant Authorization:

(A copy of our form of Authorization is available, upon request, and posted on our website.) If you authorize us to use or disclose your Health Information for another purpose, you may provide us with a written revocation at any time. The revocation will not apply to the extent we have taken action in reliance on it

V. Your Rights:

1. You have the right to request restrictions of the uses and disclosures of your Health Information for treatment, payment, healthcare operations and those uses or disclosures that are made to individuals involved in your care. Any such request must be placed in writing and directed to the Privacy Officer. We are not required to comply with your request.
2. You have the right to request to receive communications of your Health Information through an alternative means or at an alternative location. We will accommodate reasonable requests. Any such request must be placed in writing and directed to the Privacy Officer.
3. You have the right to inspect and copy your Health Information. We may charge you a fee based on actual costs to cover copying, postage and/or preparation of a summary. We will advise you of these costs in advance. In certain circumstances, we may deny you access. In those circumstances, we will provide you with a written reason for the denial and advise you whether, under the law, you have the right to a review of the denial by a licensed health care professional who was not involved in the process. A complete description of this process is available upon request.
4. You have the right to request that we amend any Health Information we have that you believe is incorrect or incomplete. We are not required to change your Health Information but will provide you with the reasons for our denial and how you can include a written disagreement of our denial in your record.
5. You have the right to receive an accounting of our disclosures of your Health Information, except: that we do not have to account for disclosures: authorized by you; made for treatment, payment, health care operations; those disclosures made directly to you; disclosures made to notify and communicate with family or friends under emergency circumstances or when approved by you; those made in connection with national security or intelligence activities; and appointment reminders we are sending to you.
6. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the HIPAA Privacy Officer at 732-390-0040.

VI. Our Duties:

We are required by law to maintain the privacy of your Health Information and to provide you with a copy of this Notice.

We are also required to abide by the terms of this Notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information we have – even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office and provide you with a copy of the amended Notice at any time upon request. We will also provide you with a copy, at any time, upon request.

VII. Complaints to the Government:

You may make complaints to us or to the Secretary of the Department of Health and Human Services if you believe your rights as described herein have been violated. If you have a complaint regarding the use or disclosure of your Health Information, you may contact the Privacy Officer, either by telephone or in writing. Complaints made to the DHHS must be filed in writing. A complaint must include a description of the acts or omissions you believe have resulted in a violation of your rights. A complaint must be filed within 180 days of when you found out about the violation, unless you have "good cause" for filing later.

We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

VIII. Contact Information:

You may contact us about our privacy practices by calling the Privacy Officer at: (732)390-0040 or in writing at: University Radiology Group, 579A Cranbury Road, East Brunswick, NJ 08816 Attention: Privacy Officer.

You may contact the DHHS at: The Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201, Phone toll free (877)696-6775

IX. Electronic Notice:

This Notice of Privacy Practices is also available on our web page at www.Univrad.com.

A copy of this "Notice" is available at any of the imaging offices.