

SYNERGY RADIOLOGY**PATIENT NOTICE OF PRIVACY PRACTICES POLICY**

Purpose: Patients are entitled, upon request, to receive a copy of Synergy Radiology's *Notice of Privacy Practices* (the Notice).

Policy: Synergy Radiology will, upon request, provide a patient with a copy of the Notice that is currently in effect. Where Synergy Radiology is participating in a hospital's Organized Health Care Arrangement ("OHCA"), the hospital's Notice will be provided to the patient by the hospital.

- A. If any patient requests further information on the contents of Synergy Radiology's Notice, that person will be directed to the Privacy/Security Officer or other designated Synergy Radiology employee. Synergy Radiology must provide a copy of the Notice to any person who requests a copy, including members of the general public.
- B. Modification/Documentation of the Privacy Notice is as follows:
 1. All acknowledged Notices will be retained by Synergy Radiology for six years from the date they were last in effect, as required by Synergy Radiology's retention policy under the HIPAA.
 2. If the physicians in the practice are part of an OHCA, as defined by HIPAA, the practice will maintain copies of the joint notice of privacy practices as well as any written understanding between the participants in the OHCA and the physician and/or practice for six (6) years.
 3. The Privacy/Security Officer will ensure that reviews and updates are made to the Notice so that it continues to accurately describe the office's policies concerning how protected health information ("PHI") is used or disclosed. At a minimum, reviews will take place every two years.
 4. When the Notice is updated, the practice will post along with the Notice, conspicuous statements that the Notice has been updated and that a copy is available on request.
 5. The Notice will also be made available on Synergy Radiology's website.

SYNERGY RADIOLOGY**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.

Synergy Radiology Associates (Synergy Radiology) uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices. You can request a copy of this notice at any time. For more information about this notice or our privacy practices and policies, please contact the person listed below.

Disclosures For Treatment, Payment, and Health Care Operations**Treatment**

We are permitted to use and disclose your medical information to those involved in your treatment. For example, in diagnostic radiology imaging when we provide services, we may request that your referring physician share your medical information with us. Also, we may provide your referring physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may submit a claim form to your insurer or managed care organization to obtain payment. The form will contain medical information, such as a description of the medical services provided to you, that your insurer or managed care organization needs to approve payment to us.

Health Care Operations

We are permitted to use or disclose your medical information for the purposes of health care operations, which typically include business activities that support this practice and help us provide quality care. For example, we may engage the services of a professional to aid this practice in its compliance programs. They will review billing and medical files to determine that we maintain our compliance with regulations and the law. Or, we may ask another physician to review this practice's charts and medical records to evaluate our performance.

Other Disclosures That Can Be Made Without Your Authorization

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. They include:

Qualified Personnel

We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.

Public Health

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (i.e. births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they we may be using.

Abuse or Neglect

We may, in accordance with the requirements of Texas and federal laws and regulations, also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

Health Oversight

We may disclose your medical information to a health oversight agency for those activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights and criminal laws.

Legal Proceedings and Law Enforcement

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances, including, but not limited to information that:

1. Is released pursuant to legal process, such as a warrant or court ordered subpoena;
2. Pertains to a victim of crime and you are incapacitated;
3. Pertains to a person who has died under circumstances that may be related to criminal conduct;
4. Is about a victim of crime and we are unable to obtain your agreement;
5. Is released because of a crime that has occurred on Synergy Radiology's premises; or
6. Is released to locate a fugitive, missing person, or suspect.

To Avert a Serious Threat to Health or Safety

We may also release medical information about you to medical or law enforcement personnel if we believe the disclosure is necessary to prevent or lessen an imminent threat to your health and safety or the health and safety of another person.

Workers' Compensation

We may disclose your medical information as required by the Texas workers' compensation law.

Inmates

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care.

Military, National Security and Intelligence Activities, Protection of the President

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

Required by Law

We may release your medical information where the disclosure is required by law.

Sale of Practice

We may use and disclose medical information about you to another physician or healthcare facility in the sale, transfer, merger, or consolidation of Synergy Radiology's practice.

Other Disclosures

In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

Your Rights Under Federal Privacy Regulations

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act ("HIPAA"). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises his/her HIPAA rights. Your rights include:

Requested Restrictions

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do NOT have to agree to this restriction, but if we agree, we will comply with your request except under emergency circumstances. To request a restriction, submit the following in writing:

- (a) the information to be restricted;
- (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both); and
- (c) to whom the limits apply.

Please send the request to the address and person listed below. We will notify you if we are unable to agree to a requested restriction.

You may also request that we limit disclosure to family members, other relatives, or close friends that may or may not be involved in your care. If you request that we limit disclosure to the person responsible for payment for services provided to you, you must make alternative payment arrangements with us.

Receiving Confidential Communications by Alternative Means

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contract/address information.

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. Requests to inspect and copy your medical record should be addressed to your referring physician or the hospital where you received services. All such requests received by Synergy Radiology will be referred to your physician or the hospital. We can refuse to allow you to inspect and copy information:

- (a) that includes the identity of a person who provided information if it was obtained under a promise of confidentiality;
- (b) that is subject to the Clinical Laboratory Improvements Amendments of 1998; or
- (c) that has been compiled in anticipation of litigation.

If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

With your permission, Texas law allows us to provide you a summary or narrative of your medical and billing records. We will provide you a copy of your records or the summary within fifteen (15) days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost-based fee. We will comply with the Texas Medical Boards' set fees for copies of medical records.

Amendment of Medical Information

Requests to amend your Medical Records and/or information must be directed to your referring physician or the hospital where you received services. All such requests for medical information in any form received by Synergy Radiology from the patient or the patient representative will be referred to the physician who ordered your radiology services, or the hospital where your

services were performed. Medical Records are the property of the facility, i.e. hospital, and/or the ordering physician, and not Synergy Radiology.

Amendment of Billing Information

- If you feel that billing information we maintain about you is incorrect or incomplete, you may request an amendment of your billing information in Synergy Radiology's designated record set. Amendments and corrections of basic billing information, such as general demographic or billing information can be given over the telephone under our telephone policy guidelines.
- Any such request for changes of the billing information with regard to procedures performed and/or diagnosis information must be approved by the facility, the referring physician or primary care physician in writing. You must submit your request to the facility, your referring physician, or your primary care physician directly. You must provide a reason that supports your request. We will amend your billing record upon the approval of the facility, your referring physician, or your primary care physician. Please note that the facility, your referring physician or your primary care physician will follow their HIPAA policies with respect to amending your facility or physician records.
- If we refuse to allow an amendment we will inform you in writing. If we approve the amendment in order to obtain payment or additional payment from an insurance carrier, we will correct the information in your designated record set and appeal or resubmit the amended information to your insurance carrier within your next billing cycle, and inform you in writing or via telephone.

Accounting of Certain Disclosures

The HIPAA privacy regulations permit you to request, and require us to provide, an accounting of disclosures that are other than for treatment, payment, healthcare operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person listed below under "Questions and Contract Person for Requests". Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. We will notify you and you may choose to withdraw or modify your request before any costs are incurred.

Complaints

If you are concerned that your privacy rights have been violated, you may contact our Privacy/Security Officer at the address or telephone number listed below. You may also send a written complaint to the United States Department of Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

*Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202*

Your complaint must be filed within 180 days of when you knew or should have known that the violation occurred.

Our Promise to You

We are required by law and regulation to make every effort to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, or to file a complaint, please contact our Privacy/Security Officer at:

7026 Old Katy Road, Suite 276
Houston, TX 77024-2135
Telephone – 713-621-7436

This notice is effective on the following date: November 1, 2011.

Changes to This Notice

We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If, or when we make a material change to our notice, we will post the new notice in the office where it can be seen. You may request that a copy be provided to you by contacting our Privacy/Security Officer at the address or telephone number above.