

Our Privacy Promise To You

Your information is confidential. RAS is committed to following the regulations and guidelines outlined in the *Confidentiality of Medical Information Act*, the *Patient Access to Medical Records Act* and *The Health Insurance Portability and Accountability Act*. Our employees undergo regular training on the importance of and methods to keep your information safe. Our pledge to conduct business with our patients' best interests at heart continues with our Privacy Promise.

We do not sell your information. Your medical information is only used for healthcare reasons. We do not sell or give your personal information to other companies for marketing. Our contracts with other companies have strict confidentiality and security provisions.

Information helps us serve you. Collecting information about our patients helps us deliver the high quality of healthcare that our patients and referring physicians have come to expect from RAS. We collect information from you and your physician in order to customize your procedures. We collect information in order to bill your insurance company for you. We collect *anonymous* information that may be used in research or teaching, to advance the field of medicine for everyone.

We protect your information. RAS maintains practices to ensure the security and confidentiality of your personal information. We use passwords to protect our databases, intrusion and virus detection software, and physical security at our buildings. Within RAS, access to your information is limited to those who need it to perform their jobs.

You have rights in regards to your health information. The following Notice of Privacy Practices describes, in detail, how RAS may use your protected health information. Please read it so that you will further understand your rights in regards to your health information.

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. If you have any questions about this notice, please contact our Compliance Coordinator at (916) 646-8300.

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.

"Protected health information" is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health condition, provision of health care to you or payment for health care services.

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your right to access and control your protected information.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change our notice, at any time. The new notice will be effective for all protected health information we maintain at that time. We will provide you with any revised Notice of Privacy Practices upon your request to our administrative offices at (916) 646-8300 or by asking for one at the time of your appointment. You may also review our current Notice by accessing our website: www.radiological.com

1. Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations Purposes

Radiological Associates of Sacramento Medical Group, Inc. ("RAS") will use or disclose your protected health information for treatment, payment, and health care operations as described in this section. Your protected health information may be used and disclosed to your physician, our office staff and others outside of our organization that are involved in your care, for the purpose of providing health care services to you. Your protected health information may be disclosed to secure payment for your health care bills and to support the operations of our practice.

Following are examples of the types of uses and disclosures of your protected health information that our office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

Treatment: We will use and disclose your protected health information to provide and coordinate your health care and any related services. This includes the coordination or management of care with a third party. For example, we would disclose your protected health information, as necessary, to a health agency that provides care to you. We will also disclose protected health information to physicians who may be treating you to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information to another health care provider (e.g. a specialist or a laboratory) who, at the request of your physician, is involved in your care.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for healthcare services. This may include certain activities that your health insurance plan participates in, such as determining eligibility or coverage for insurance benefits, reviewing services provided to you and undertaking utilization review activities. For example, obtaining authorization for a procedure performed in a hospital will require that your relevant protected health information be disclosed to the health plan for hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information to support our healthcare operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use protected health information to evaluate the quality and competence of our physicians, nurses, technologists, and other health care workers. We may disclose protected health information internally or to your insurance company in order to resolve any complaints you may have.

We may use a sign-in sheet at the registration desk where you are asked to sign your name to indicate your arrival. We may also call you by name in the waiting area when we are ready to provide service to you. We may use your information to contact you to remind you of an appointment.

RAS may share your protected health information with third party "business associates" that perform activities for our practice. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

We may use your protected health information to send you a newsletter about our practice or new services that we offer.

2. Other Permitted Uses and Disclosures That May Be Made With Your Agreement

We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" — such as your spouse, your other doctors, or an aide who may be providing services to you. We may also use and disclose health information about a patient for disaster relief efforts and to notify persons responsible for a patient's care about a patient's location, general condition or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your agreement.

3. Other Permitted Uses and Disclosures That May Be Made Without Your Authorization or Agreement

Research: We may disclose your protected health information to researchers, when an Institutional Review Board or Privacy Board that has reviewed the research proposal and protocols to ensure the privacy of your protected health information. In these instances, the Institutional Review Board may grant a waiver of authorization for disclosure.

Public Health Activities: We may disclose protected health information for the following public health activities and purposes, among others:

- to report health information to the public health authorities for the purpose of preventing or controlling disease
- to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- to report to public health authorities or other government authority authorized by law to receive reports of child abuse or neglect.

Disclosures About Victims of Abuse, Neglect or Domestic Violence: We may disclose protected health information to report elder or dependent adult abuse and neglect or domestic violence to public health authorities or other government authorities authorized by law to receive these reports.

Worker's Compensation: We may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation and other similar programs.

Food and Drug Administration: We may disclose protected health information to a company required by the FDA to report adverse events, product problems, to enable product recalls, or to make replacements, as required

Health Oversight: We may disclose protected health information to a health oversight agency, whose activities are authorized by law, such as government agencies that oversee the health care system, government programs, other regulatory programs, and civil rights laws.

Legal Proceedings: We may disclose protected health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials: We may disclose your health information as required by law, including in response to a warrant, subpoena, or other order of a court or administrative hearing body or to assist law enforcement to identify or locate a suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes also permit us to make disclosures about victims of crimes and the death of an individual, among others.

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

Coroners: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, organ procurement organizations, transplant centers, and eye or tissue banks, if you are an organ donor.

Specialized Government Functions: We may use and disclose protected health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

Inmates: We may disclose your protected health information to prison officials if you are an inmate in a facility.

National Security and Intelligence Activities: We may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

Marketing: We may use your protected health information to engage in face-to-face marketing communications with you or to provide you with promotional gifts of nominal value.

4. Uses and Disclosures That Require Your Authorization

Other uses and disclosures of your protected health information besides those covered in Sections 1-3 will only be made with your authorization. You may revoke authorization, at any time, in writing, except to the extent that RAS has taken an action in reliance on the use or disclosure indicated on the authorization.

5. Your Rights

Following is a statement of your rights with respect to your protected health information and a description of how you may exercise these rights. Some of these rights have limitations in that as a provider of your medical care, we do not have to grant the requests in all circumstances. If you have any questions about a denial of a request, please contact our

Compliance Coordinator at (916) 646-8300 or in writing at 1500 Expo Parkway, Sacramento, CA 95815.

Right to Inspect and Copy Your Health Information: You may request access to your medical record file, billing records and other designated record sets maintained by us in order to inspect and request copies of your records. Under limited circumstances, we may deny you access to a portion of your records, for instance, psychotherapy notes or information compiled in reasonable anticipation of use in litigation. If you desire access to your records, you will be asked to complete and sign a written request for access. If you request copies, there may be a charge for them. You will be informed of the amount before the copies are made.

Right to Request Restrictions: You may request additional restrictions on our use of your protected health information for the purpose of treatment, payment or operations. You may also request that your protected health information not be shared with family members or other individuals involved in your care or for notification purposes as described above. We are not required to agree to a restriction that you request. Your written request should be made to our Compliance Coordinator and should specify the restrictions requested.

Right to Confidential Communications: You may request, and we will accommodate, any reasonable written request for you to receive protected health information by alternative means of communication or at alternative locations. Please make this request in writing to our Compliance Coordinator.

Right to Amend Records: You may request that we amend protected health information maintained in your medical record and other designated record sets held by RAS. In certain cases, we may deny your request for an amendment; if we deny your request, you have the right to file a statement of disagreement with us. A request for amendment to your medical record must be made in writing to the Compliance Coordinator.

Right to Receive an Accounting of Disclosures: Upon request, you may obtain an accounting of disclosures we have made of your protected health information. We do not have to include in the accounting disclosures for treatment, payment, or healthcare operations purposes, among others. In addition, we do not have to account for disclosures that we have made to you or upon your written authorization. The right to receive information is subject to certain exceptions, restrictions, and limitations. A request for accounting of disclosures should be made, in writing, to the Compliance Coordinator.

Right to Receive Paper Copy: Upon request, you may receive a paper copy of this notice.

6. Complaints

You may complain to us or to the Secretary of Health and Human Services, if you believe your rights have been violated by us. You may file a complaint with us by notifying our Compliance Coordinator. We will not retaliate against you for filing a complaint. The Compliance Coordinator may be reached by telephone at (916) 646-8300 or in writing at 1500 Expo Parkway, Sacramento, CA 95815.

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