



NOTICE OF PRIVACY PRACTICES

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.**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be provided a copy of this notice. Our intent is to make sure you are aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your acknowledgment. If you decline to acknowledge the notice, we will continue to provide your treatment.

WHO WILL FOLLOW THIS NOTICE

This notice describes Medical Imaging Northwest, LLP best business practices with regards to protected health information, including business associates.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

"Protected health information" is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. MINW is required by law to do the following:

- Make sure that your protected health information is kept private, confidential and apply the proper security safeguards.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect. Communicate any changes in the notice to you.

We reserve the right to make a revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR THE FOLLOWING:

Treatment: to provide, coordinate, or manage your health care and any related services. In emergencies, we will use and disclose your protected health information to provide the treatment you require. We may also disclose Information about you to organizations/individuals involved in your care who are outside of our practice, such as consulting physicians or laboratories.

Payment: Your protected health information will be used or disclosed as needed, to verify eligibility for healthcare **treatment and/or** to obtain payment for your health care services.

Health Care Operations: We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, training of medical students, licensing, communications about a product or service, and conducting or arranging for other health care related activities. We will share your protected health information with third-party "business associates" who perform various activities (for example, billing, transcription services) the business associates will also be required to protect your health information.

Required by Law, and National Security, for Law Enforcement purposes also to authorized Federal Officials.

Public Health: We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information to prevent, or control disease, injury, or disability.

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

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration.

Legal Proceedings: During any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Coroners, Funeral Directors, and Organ Donations: We may disclose protected health information to coroners/funeral directors or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law.

Research: We may disclose your protected health information to researchers when authorized by law.

Criminal Activity: Under applicable Federal and state laws, we may disclose your protected health information if we believe that its 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.

Workers' Compensation: We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility, and if Medical Imaging Northwest, created or received your protected health information while providing care to you.

Parental Access: Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION:

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

Individuals Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care

YOU'RE RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request. Depending on your request; you may also have rights under the Privacy Act of 1974. Please be aware that Medical Imaging Northwest might deny your request; however, you may seek a review of the denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Medical Imaging Northwest may charge a \$.91/per page for the first 30 pages, and \$.69 per of additional pages. In addition a clerical fee applies in the amount of \$20.00 for searching and handling protected health care information.

Right to Request Restrictions: You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the Privacy Officer where you wish the restriction instituted. If Medical Imaging Northwest believes that the restriction is not in the best interest of either party, MINW cannot reasonably accommodate the request, Medical Imaging Northwest is not required to agree.

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request.

FEDERAL PRIVACY LAWS

Medical Imaging Northwest Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

QUESTIONS

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer, or phone the (Confidential Hotline) or email your complaint or violation.

CONTACT INFORMATION

Medical Imaging Northwest,
Privacy & Compliance Officer
7424 Bridgeport Way W Suite 103,
Lakewood, WA 98499

Privacy/Compliance Officer 253-841-4353 or (Confidential Hotline) 253-983-2883 or at privacy@minw.com

This notice is effective in its entirety as of April 14, 2003.