

V. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

A. 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, but does not include information gathered in anticipation of a legal proceeding and information prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Association of University Radiologists, P.C. 5401 Kingston Pike Suite 540 Knoxville, Tennessee 37919. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies used due to your request. We may deny your request to inspect and copy of records in these and other very limited cases. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person doing the review will not be the person who denied your request. We will comply with the outcome of the review.

B. Right to Amend. If you feel that medical information we have about you is wrong or missing, you may ask us to amend the information. You have the right to request a change as long as the information is kept by or for the hospital. To request an amendment, your request must state the reason for your request and must be made in writing and submitted to Medical Records. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the medical information kept by or for the hospital.
3. Is not part of the information, which you would be allowed to inspect and copy.
4. Is correct and complete.

If your request is granted, AUR will make the amendment and inform you when it is done. If your request is denied, we will provide you with a written denial stating the basis for denial. You have the right to submit a written statement disagreeing with the denial. AUR must act on a request no later than 60 days after receipt of your request or notify you in writing that we need an additional 30 days.

C. Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you that is outside of the information disclosed as described in this document. For example, disclosures for treatment, payment, health care operations, or those, which you have authorized, are part of the expected disclosures and therefore would not be included in a disclosure history. To request this list or accounting of disclosures, you must submit your request in writing to Medical Records. Your request must state a time period, which may not be longer than six years and may not include dates before April 1, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For more lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

D. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Director of Medical Records marked "personal and confidential". In your request, you must tell us (1) what information you want to limit;

(2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

E. Right to Revoke Authorization. You have the right to revoke your authorization at any time only if it is in writing.

F. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Director of Imaging marked "personal and confidential". We will not ask you the reason for your request. Your record must specify how or where you would like us to contact you. We will comply with all reasonable requests.

G. Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at anytime. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

VI. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. If the notice is changed, a revised copy will be available for your review on our website and/or in paper copy at locations indicated above.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with AUR, you may contact the Director of Imaging, 11440 Parkside Drive Suite 204 Knoxville Tennessee 37934. You may also telephone the Director of Imaging at (865) 777-6700. You may contact the Secretary of the Department of Health and Human Services, Washington D.C., in writing within 180 days of the time that you feel your privacy rights have been violated. You will not be penalized for filing a complaint

VIII. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

IX EFFECTIVE DATE OF THIS NOTICE

This notice is effective on August 21, 2006.



UNIVERSITY
RADIOLOGY

UNIVERSITY RADIOLOGY AT TURKEY CREEK
11440 Parkside Drive
Suite 204
Knoxville, TN 37934
Phone: 865-777-6700
Fax: 865-777-6749

ASSOCIATION OF UNIVERSITY RADIOLOGISTS, P.C.

Effective Date April 14, 2003

Date of Last Revision August 21, 2006

NOTICE OF PRIVACY PRACTICES



UNIVERSITY
RADIOLOGY

THIS DOCUMENT DESCRIBES HOW
MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS
INFORMATION.

PLEASE REVIEW CAREFULLY.

I. WHO WILL FOLLOW THIS NOTICE

This notice describes AUR practices and that of:

- A. All health care staff that may enter information into your chart.
- B. All departments and units of the hospital.
- C. Any member of a volunteer group we allow to help you while you are in the office.
- D. All employees and staff of AUR.
- E. All satellites connected with AUR.

II. OUR PLEDGE ABOUT MEDICAL INFORMATION

AUR understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain laws. This notice applies to all of the records of your care created by AUR, whether made by hospital staff or your personal doctor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- A. Maintain the privacy of medical information that identifies you.
- B. Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- C. Follow the terms of the notice that is currently in effect.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following items explain ways that we use and disclose medical information. For each item of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. However, all of the ways we are allowed to use and disclose information will fall within one of the items.

- A. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital staff who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for proper meals. Different areas of the hospital also may share medical information about you in order to supply the things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital such as a health care provider who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.
- B. We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to decide whether your plan will cover the treatment.
- C. We may use and disclose medical information about you for hospital operations. These uses and disclosures are needed to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to review the jobs done by our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital staff for review and learning reasons. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make changes

in the care and services that we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

D. Appointment Reminders. We may use and disclose medical information to contact you to remind you of an appointment for treatment or medical care at the hospital.

E. Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options that may be of interest to you.

F. Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

G. Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity helping in a disaster relief effort so that your family can be told of your condition, status and location. You may object to having your medical information given to a friend or family member who is involved in your medical care.

H. Research. Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

I. As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. This may include disclosures to Boards governing the professional practice of health care providers such as the State Medical Board. It also may include registries where we are required to provide information such as the Trauma registry in Tennessee. Disclosure of highly sensitive information such as an individual who has taken an HIV test, the results of an HIV test, and the identity of an individual with AIDS will only be released as mandated by law or authorized by the individual.

J. To Avert a Serious Threat to Health or Safety. We may use and disclose medical about you when needed to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

IV. SPECIAL SITUATIONS

A. Organ and Tissue Donation. If you are an organ donor, we may release medical information to places that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as needed to help with organ or tissue donation and transplantation.

B. Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the proper foreign military authority.

C. Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

D. Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability.
2. To report births and deaths.
3. To report abuse or neglect of children or the elderly.
4. To report reactions to medications or problems with products.
5. To notify people of recalls of products they may be using.
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
7. To notify the proper government authority if we believe a patient has been the victim of a crime such as a sexual offense, gunshot wound, etc.

E. Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are needed for the government to monitor the health care system, government programs, and compliance with laws and regulations.

F. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information to defend a lawsuit brought against the hospital or any of its staff. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

G. Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena (with proper authorization), warrant, summons or similar process.
2. To identify or locate a suspect, fugitive, material witness, or missing person.
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
4. About a death we believe may be the result of criminal conduct.
5. About criminal conduct at the hospital.
6. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

H. Emergency Circumstances. We may release medical information about you if you are unable to object due to incapacity or if there is a need for emergency treatment. We may disclose some or all of your personal health information for the facility's directory based on previous selections that were expressed by you. We may also disclose some or all of your personal health information if it is in your best interest, which would be determined by AUR in the exercise of professional judgment.

I. Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be needed, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as needed to carry out their duties.

J. National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

K. Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

L. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.