



NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

Revised Date: September 12, 2016

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.

Our goal is to take appropriate steps to safeguard protected health information provided to us. We are required by law to: (i) maintain the privacy of protected health information provided to us; (ii) provide notice of our legal duties and privacy practices; (iii) notify you following a breach of unsecured protected health information; and (iv) abide by the terms of our Notice of Privacy Practices currently in effect.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of our physicians, employees, and staff at FWR Association, Nuvena, P.E.T. Imaging Services, and Breast Diagnostic Center. All of the physicians, employees and staff at these locations will follow the terms of this Notice. These individuals and entities may share protected health information with each other for the treatment, payment, and health care operations purposes described in this Notice.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving health care treatment and services from us we will create, receive and retain personal information that identifies or could be used to identify you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the payment for health care. This personal information is known as your “protected health information” or “PHI”.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

We may use and disclose PHI about you in different ways. All of the ways in which we may use and disclose PHI will fall within one of the following categories, but not every use or disclosure in a category will be listed.

Treatment, Payment and Health Care Operations

For Treatment. We will use and disclose PHI about you to provide, coordinate and manage your health care and related services. For example, we will use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested treatment or other diagnostic services. We may disclose your PHI to your attending physician, consulting physicians, nurses, technicians, or other health care providers who have a legitimate need for such information in your care and treatment. For example, we may disclose copies of your x-rays and reports we prepare to your physician.

For Payment. We will use and disclose PHI about you to bill and collect payment for our health care services. For example, we may need to give a payer information about your current medical condition so that it will pay us for the examinations or other services that we have furnished you. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered. We may also use and disclose information for collections purposes to an attorney or collection agency if needed.

For Health Care Operations. We may use and disclose PHI about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations and tell us how to improve the quality, efficiency and cost of care that we provide to you. We may also use your protected health information to review the competence of our health care professionals and

evaluate their performance, conduct training, for accreditation, certification, licensing and credentialing activities, to arrange for legal, accounting or consulting services, and for certain management and administrative activities, including resolution of internal grievances and creating de-identified medical information or a limited data set.

Appointment Reminders and Treatment Alternatives. We may contact you to give you appointment reminders or information about treatment alternatives or other services that may be relevant to your healthcare.

Other Uses and Disclosures

Required by Law. We may share PHI when required by federal, state or local law to do so, including sharing your information with the Department of Health and Human Services if required to see that we are complying with federal privacy law.

Public Health Activities. We may disclose PHI about you in connection with certain public health activities. For instance, we may disclose information to a public health authority authorized by law to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability and to conduct public health surveillance, public health investigations, and public health interventions. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few. We may disclose PHI to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect. We may disclose PHI to a person subject to the Food and Drug Administration's power for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity including: to report adverse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs or replacements or to conduct post marketing surveillance.

Abuse or Neglect. We may disclose PHI to a government authority if we believe the individual is a victim of abuse, neglect, or domestic violence as required by law or authorized by statute or regulation.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law such as audits, investigations, licensure actions or other activities necessary for appropriate oversight of the health care system, government benefit programs or compliance with government regulatory programs or civil rights laws.

Judicial and Administrative Proceedings. We may disclose protected health information in the course of a judicial or administrative proceeding as required by a court or administrative order or, under certain circumstances in response to other lawful request or legal process.

Law Enforcement. We may disclose health information for law enforcement purposes as required by law including laws that require the reporting of certain types of wounds or other physical injuries, in compliance with a court order, warrant, subpoena or administrative request, or certain information if requested by a law enforcement official to identify or locate a suspect, fugitive, witness or missing person. We may also disclose information for identification and location purposes about a suspected victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement or about a death we believe may be the result of criminal conduct.

After Death: We may disclose your information to coroners, medical examiners and funeral homes after you are deceased.

Organ and Tissue Donation. We may disclose your health information to organ procurement organizations for organ, eye or tissue transplantation or donation.

For Research: We may use or disclose health information about you for research purposes. We will either ask for your permission or obtain documentation from an Institutional Review Board or Privacy Board that it has determined your privacy interests will be adequately protected in the study.

Threat to Health or Safety. We may use or disclose information about you as necessary to prevent or reduce a serious threat to the health or safety of a person or the public and disclosure is to a person or persons reasonably able to

prevent or lessen the threat, including the target of threat, or if necessary for law enforcement to identify or apprehend an individual under certain circumstances.

Military Activity and National Security. We may use or disclose health information about a member of the Armed Forces as deemed necessary by military command authorities. We may release PHI about foreign military personnel to the appropriate foreign military authority. We may disclose PHI for national security and lawful intelligence activities, and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

Inmates. We may disclose to a correctional institution or law enforcement official having custody of an inmate or other individual, health information about that individual if necessary for the institution to provide the individual with health care, for the health and safety of the individual, others at the institution or the administration and maintenance of safety and security at the institution.

Workers Compensation Purposes. We may disclose your health information for workers' compensation purposes that provide benefits for work-related injuries or illnesses, in compliance with workers' compensation laws.

Your Choice

Family and Friends. Unless you indicate otherwise, we may disclose your information to family members, friends or others you identify to the extent it is relevant to their involvement with your care or payment for your care, or to let them know about where you are and your condition. We may also use or disclose your information to an organization to assist in disaster relief efforts. We will provide you with an opportunity to agree to or prohibit or restrict the use or disclosure. If you are not present or are unable to agree due to your incapacity or emergency circumstances, we may disclose your PHI as necessary if we determine that it is in your best interest, based on our professional judgment. Although we must be able to speak with your other physicians or health care providers, please let us know if we should not speak with other individuals, such as your spouse or family.

Fundraising. We may use your PHI to contact you in an effort to raise funds for our operations. If we use your PHI for our fundraising, you have the right to opt out of receiving such communications and may inform us not to contact you again for this purpose.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

We are required to obtain written authorization from you for any other use or disclosure of PHI not described in this Notice. Except in limited circumstances, we must obtain authorization to use or disclose psychotherapy notes about you and to use or disclose your PHI for marketing purposes. We must also obtain an authorization for any disclosure of PHI that would constitute a sale of your protected health information. We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you give us authorization, you have the right to change your mind and revoke it. This must be in writing and submitted to the Privacy Officer at the address listed below. We cannot take back any uses or disclosures already made with your authorization.

INDIVIDUAL RIGHTS

Right to Request Restrictions. You have the right to ask for restrictions in the ways in which we use and disclose your PHI for treatment, payment, health care operations and to individuals involved in your health care or payment for your health care. We are not required to agree to your request. If, however, you pay for a service or health care item in full out-of-pocket, you can ask us not to share that information with your health plan for the purpose of payment or health care operations. In that case, we must agree to such a request unless a law requires us to share that information. If we agree to a request, we will comply with your request unless the information is needed to provide you emergency treatment or until the restriction is terminated. To request a restriction, you must make your request in writing to the Privacy Official at the address listed at the end of this Notice. Include in your request what information you want to restrict, whether you want to restrict use, disclosure or both, and to whom you want the limits to apply – for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that you receive communications containing your PHI from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail. To request confidential communications, you must make your request in writing at the time you register or submit a request to the Privacy Official at the address listed at the end of this Notice. Specify in your request how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Copy. Except under certain circumstances, you have the right to inspect and obtain an electronic or paper copy of your medical records, billing records and records used to make decisions about your care. We may require your request be in writing. Please ask us how to do this or contact the Privacy Officer at the address/phone number below for assistance in making a request. We will usually act on your request within 30 days of receipt. We may charge a reasonable, cost-based fee. In some cases, we may deny your request as permitted by law. Except under certain circumstances, you may request the denial be reviewed by another licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you believe that PHI in your records is incorrect or incomplete, you have the right to ask us to amend your record. Your request must be in writing, submitted to the Privacy Official at the below address and provide a reason to support the requested amendment. We may deny your request if it is not in writing and does not include a reason to support the request or requests amendment of information not created by us; is not part of the records used to make decisions about your care; is not part of the information you would be permitted to inspect and copy; or is accurate and complete. If we deny your request, we will tell you in writing why, usually within 60 days.

Right to an Accounting of Disclosures. You have a right to ask for a list of instances when we have disclosed your PHI for reasons other than for treatment, payment, health care operations, disclosures made with your authorization and for certain other limited purposes. To request an accounting of disclosures, your request must be in writing and include the specific time period (which may not be longer than six years prior to the date of your request) of the accounting. Submit the request to the Privacy Official at the address below. If you ask for this information from us more than once every twelve months, we may charge you a fee. You will be notified in advance of the cost so that you may choose to withdraw or modify your request before incurring a cost.

Right to Receive Notice of a Breach of Unsecured PHI. You have the right to be notified following a breach of your unsecured PHI.

Right to Receive a Copy of Notice of Privacy Practices. You have the right to a copy of this Notice in paper form, even if you have agreed to receive this Notice electronically. You may ask us for a copy at any time. To request a copy of this Notice, please contact the Privacy Official, FWR, 3707 New Vision Drive, Fort Wayne, Indiana 46845 or 260.484.0850.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised notice effective for all PHI we maintain about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted on our website at www.fwradiology.com and available at the facilities listed above. You may request a copy of the revised Notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated by us, you may complain to us and to the Secretary of the Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint. To file a complaint with us submit your complaint in writing to:

Privacy Official
FWR
3707 New Vision Drive
Fort Wayne, Indiana 46845
(260)484-0850

You may also file a complaint with the Secretary at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201
1-877-696-6775
www.hss.gov/ocr/privacy/hipaa/complaints/

ADDITIONAL INFORMATION. To obtain additional information about matters covered in this Notice, you may call or write to the Privacy Official at the address listed above.