

WESTSIDE IMAGING, PC

NOTICE OF PRIVACY PRACTICES

(Amended effective 2/17/2010)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. We are required to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) 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 employees and staff.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address and phone number.
- Information relating to your medical history.
- Your insurance information and coverage.
- Information concerning your doctor, nurse or other medical providers.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Other individuals or organizations that are part of your “circle of care” – such as the referring physician, your other doctors, your health plan, and close friends or family members also may provide some information to us.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU¹

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

For Treatment: We may use health information about you to provide, coordinate or manage your medical treatment or services. We may disclose medical information about you to other physicians or health care providers who are or will be involved in taking care of you. For example, your protected health information may be provided to a physician to whom you have been referred to or from to ensure that the physician has the necessary information to diagnose or treat you.

¹ If the Company elects to limit uses or disclosures that it is permitted to make, the Company may describe its more limited uses and disclosures provided that it may not limit its right to use or disclose protected health information to avoid a serious threat to the health or safety of the public or an individual.

For Payment: We will use and disclose health information about you to bill for our services and to collect payment from you, your insurance company or a third party. For example, we may need to give payer information about your current medical condition so that it will pay us for the ultrasound 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.

For Health Care Operations: We may use and disclose information 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 our services.

Public Policy Uses and Disclosures: There are a number of public policy reasons why we may disclose information about you.

We may disclose health information about you when we are required to do so by federal, state or local law.

We may disclose protected health information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive protected health information for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. 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 are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally, we may disclose protected health information to a person subject to the Food and Drug Administration's power for the following activities: 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.

We may disclose your protected health information in situations of dependent adult abuse and child abuse.

We may disclose protected health information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.

We may disclose information in response to a warrant, subpoena or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities.

We may release medical information if asked to do so by a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain

circumstances, we are unable to obtain the person's agreement; and about a death we believe may be the result of criminal conduct.

We may release your personal health information to workers' compensation or similar programs.

If you are a member of the Armed Forces, we may release personal health information about you as required by military command authorities. We also may release personal health information about foreign military personnel to the appropriate foreign military authority.

We may disclose your protected health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials.

In the event that Westside Imaging, PC is sold or acquired by another facility or physician group, your protected health information will be disclosed to that group or entity.

Our Business Associates: We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your personal and identifiable health information.

Individuals Involved in Your Care or Payment for Your 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. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment

OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission. If you are not present or able to agree or object to the use or disclosure of your protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it, unless the disclosure is to a health plan or other payer for purposes of carrying out payment or health care operations, unless required by law, and you have paid for the services yourself. For all other requests for restrictions, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical and billing records about you. For any medical information maintained by us in electronic form, your written request may include a request to provide a copy in electronic form. In addition, we will transmit information from your electronic medical record directly to a person or entity of your choosing, if the request is made in writing and you sign an authorization.

If you ask for copies of this information, we may charge you a fee for copying and mailing. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing and or other supplies associated with your request. The cost of providing an electronic copy of information from your electronic medical record will be limited to the labor cost of preparing the electronic copy.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. An accounting from paper records will not include disclosures for treatment, payment and health care operations. You may ask for an accounting of disclosures for six years prior to the request, except an accounting from your electronic medical record will include disclosures for treatment, payment and health care operations, for three years prior to the request. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time.

To exercise any of your rights, please contact us in writing at: Westside Imaging, PC,
Attn: Practice Administrator, 1101 5th Street, Suite 200, Coralville, IA 52241.

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 personal health information we have 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. In addition, you may request a copy of the revised Notice at any time.

COMPLAINTS/COMMENTS

If you have complaints concerning our Privacy Policy, you may contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov). You also may contact us at Westside Imaging, PC, Attn: Practice Administrator, 1101 5th Street, Suite 200, Coralville, IA 52241.

To obtain more information concerning this Notice of Privacy Practices, you may contact our Privacy Officer at Westside Imaging, PC, 1101 5th Street, Suite 200, Coralville, IA 52241.

This Privacy Policy is effective April 14, 2003.