

**LUBBOCK DIAGNOSTIC RADIOLOGY, L.L.P.
COVENANT DIAGNOSTIC IMAGING
LUBBOCK RADIOLOGY, L.P.
LUBBOCK VARICOSE VEIN CENTER**

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

Lubbock Diagnostic Radiology, L.L.P., Covenant Diagnostic Imaging, and Lubbock Radiology, L.P. heretofore, shall as is applicable be referred to as the provider for this Privacy Notice.

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:
Privacy Officer Terri Hendrix
further described herein.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Your "protected health information" is information about you, including demographic information that is collected from you and developed or received by the Provider, relates to your past, present or future physical or mental health or condition, and identifies you (or there is a reasonable basis to believe the information may identify you). We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to PHI.

We are required to abide by the terms of this Notice of Privacy Practices unless and until it is replaced by a revised Notice. We may change the terms of our Notice, at any time. The new notice will be effective for all PHI that we maintain at that time. You may obtain a revised notice of privacy practices by asking for one at the time of your next appointment or calling the office and requesting a revised copy be mailed to you.

USES AND DISCLOSURES OF HEALTH INFORMATION

The Provider uses PHI about you for treatment, payment and healthcare operations. We may also use or disclose your PHI without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health reasons, for auditing purposes, for research studies and for emergencies.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. We will disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to insure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI from time-to-time to another physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility for coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for MRI may require that your relevant PHI be disclosed to the health plan to obtain approval for the exam requested by your physician.

Healthcare Operations: We may use or disclose your PHI as needed in order to support the business activities of our practice. These activities include, but are not limited to, quality assurance activities, employee review activities, training of students, licensing, marketing, and conducting or arranging for other business activities.

For example, we may disclose your PHI to radiological students that see patients at our office. We will also call you by name in the waiting room when we are ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may also send your PHI to physicians by means of faxing, mail or electronic communications. We may also request or send your films from or to another facility for proper film comparisons. We may also accept faxed signatures for authorizations in the same way we would accept signatures made in person.

We will share your PHI with third party “business associates” that perform various activities (e.g., transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains the terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you information about our practice and the services we offer. If you do not want to receive these materials, please contact our Privacy Officer and request that these materials not be sent to you.

Release of Information to Family and Friends: The Provider may release your PHI to a friend or family member *identified by you*, that is helping you pay your health care, or who assists in taking care of you.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of the emergency treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

Communication Barriers: We may use and disclose your PHI if your physician or the staff of the Provider attempts to obtain authorization from you but is unable to do so due to substantial communication barriers and the practice determines, using professional judgment, that you intend to authorize the use or disclosure of your PHI under the circumstances.

In addition to the above described uses and disclosures of your PHI, the Provider may also use and disclose your PHI under the following unique circumstances:

As required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by the law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

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

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biological product deviations; to track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. The law enforcement purposes include:

1. Legal processes and otherwise as required by law.
2. Limited information requests for identified and location requests
3. Pertaining to victims of a crime
4. Suspicion that death has occurred as a result of criminal conduct
5. In the event that a crime occurs on the premises of the Practice
6. Medical Emergency (not on the Practice's premises) where it is likely that a crime has occurred

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the 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. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI for individuals who are Armed Forces personnel:

1. For activities deemed necessary by appropriate military command authorities
2. For the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits
3. To foreign military authorities if you are a member of that foreign military service.

We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protected services to the President or other legally authorized.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs established by law.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you, and also when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal health care privacy regulation. Section 164.500 st.seq.

YOUR RIGHTS

The Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI that we maintain and have in our possession, including medical records and billing records. If you request copies, we may charge you a fee for the costs of copying, mailing, labor and supplies associated with your request. To inspect and copy your PHI, you must submit your request in writing.

Under certain circumstances we may deny your request to inspect and copy your PHI. If you are denied access to medical information, you have a right to have that determination reviewed. An appeals panel will review your request and the denial. The Provider promises to comply with the outcome of the review.

The Right to Amend Your PHI: If you feel that any PHI we have about you is not correct or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Provider. To request an amendment, your request must be made in writing. Additionally, you must provide a reason that supports your request.

The provider reserves the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. Additionally, we may deny your request if you ask us to amend information that:

1. Was not created by the Provider
2. Is not part of the medical information kept by or for the Provider
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

The Right to an accounting of Disclosures: An accounting of disclosures is a list of the disclosures we have made, if any of your PHI.

You have the right to request an accounting of disclosures. This right applies to disclosures for purposes other than those made to carry out treatment, payment, and healthcare operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

Your request must be made in writing and state a time period that cannot be longer than six (6) years and cannot include any dates before April 13, 2003. 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.

The Right to Receive Communications of PHI by Alternative Means or at Alternative Locations: You have the right to request that the provider communicate with you about your health and related issues in a particular manner or at a certain location.

For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing. Your request to receive PHI by alternative means or at an alternative location must clearly state that your life could be endangered by the disclosure of all or part of your PHI.

The Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations as described in this notice. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care (like family member or friend), or for notification purposes as described in this notice.

The Provider is not required to agree to your request, however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations).

Any request for a restriction on our use and disclosure of your PHI must be made in writing. Your request must describe in a clear and concise manner: (a) the information you want restricted; (b) whether you are requesting to limit the Provider's use, disclosure or both; and (c) to whom you want the limits to apply.

The Right to Provide and Authorization for Other Uses and Disclosures: The Provider will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purpose in the authorization, except for circumstances written above.

The Right to Obtain a Paper Copy of This Notice: Upon request, you have the right to a paper copy of this notice, even if you have agreed to accept this notice electronically.

How to Contact Us: If you have any complaints or questions about this Notice or you want to submit a written request to the Provider as required in any of the previous selections of this Notice, please call or write to the address below:

Specify Attention To:

Terri Hendrix (for the Business/Billing Office)
Phone – (806) 792-2767
Address: P.O. Box 2428 Lubbock, TX 79408

All complaints must be given in writing. You will not be penalized for complaints. If you feel your privacy rights have been violated, you may also complain to the Secretary of Health and Human Services.