

\*\*\*\*\*PLEASE KEEP FOR YOUR RECORDS\*\*\*\*\*

This Notice is effective as of May 1, 2004.

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

1. Med Tech Imaging Center Inc. is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
  - For Treatment-The technologist will review your medical information and the scans of films along with a radiologist to ensure that a clinically appropriate result was obtained.
  - For Payment-Our office staff will relay information to your health insurance payer to obtain payment for the services provided to you here at the Center.
  - For health care operations-Periodic reviews by Med Tech Imaging Center Inc.'s staff on both your clinical and your financial information will be conducted to monitor for accuracy, safety and appropriateness.
  - For Health Care Providers-Our staff will relay information to any physician that you may see for treatment.
2. Med Tech Imaging Center Inc. is permitted or required under specific circumstances to use or disclose protected health information without the Patient's written authorization. In addition to disclosures for treatment, payment and operations, Med Tech Imaging Center Inc. may be required to make disclosures for purposes of worker's compensation, public health, law enforcement or similar state or federal laws or ordinances.
3. Other uses and disclosures will be made only with the Patient's written authorization, and the Patient may revoke such authorization.
4. Med Tech Imaging Center Inc. may contact the patient to provide appointment reminders or other health related benefits and services that may be of interest to the Patient.
5. The Patient has the following rights regarding protected health information:
  - The right to request restrictions on certain uses and disclosures of protected health information.  
**Med Tech Imaging Center Inc. is not required to agree to a requested restriction, however.**
  - The right to receive confidential communications of protected health information, as applicable.
  - The right to inspect and copy protected health information as provided in the Privacy Regulation.
  - The right to amend protected health information, as provided in the Privacy Regulation.
  - The right to receive an accounting of disclosures of protected health information.
  - The right to obtain a paper copy of the Notice from the covered entity upon the request. This right extends to a Patient who has agreed to receive the Notice electronically.
6. Med Tech Imaging Center Inc. is required by law to maintain the privacy of protected health information and to provide Patients with notice of its legal duties and Privacy practices with respect to protected health information.
7. Med Tech Imaging Center Inc. is required to abide by the terms of the Notice currently in effect.
8. Med Tech Imaging Center Inc. reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that Med Tech Imaging Center Inc. maintains.
9. Med Tech Imaging Center Inc. will provide Patients with a revised Notice by providing copies of the revised Notice at Med Tech Imaging Center Inc.'s reception desk.
10. Patients may complain to Med Tech Imaging Center Inc. and to the Secretary of the Department of Health and Human Services, without fear of retaliation by Med Tech Imaging Center Inc., if they believe their privacy rights have been violated. A brief description of how the Patient may file a complaint is as follows: Direct a written copy of the facts and allegations of your complaint to the attention of the **HIPPA Privacy Officer** at the address below or you may telephone the **HIPPA Privacy Officer** directly.
11. Med Tech Imaging Center Inc. contact person for matters relating to complaints is:

Med Tech Imaging Center Inc.

HIPPA Privacy Officer

Prattville, Alabama 36066

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_