

## Notice of Privacy Practices

This page describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

---

### FOREST CITY DIAGNOSTIC IMAGING PURPOSE STATEMENT

---

The Healthcare Insurance Portability and Accountability Act (HIPAA) requires Forest City Diagnostic Imaging to maintain the privacy of an Individual's Protected Health Information (PHI), and to provide Individuals with notice of its legal duties and privacy practices with respect to PHI. The following defines FCDI's privacy policy and practices:

---

### OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

---

Individually identifiable information about your past, present, or future health or condition, the provision of healthcare is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice though **we reserve the right to change our privacy practices and the terms of this Notice at any time.**

You may request a copy of the new Notice from Forest City Diagnostic Imaging. It also is posted on our Web site at [www.forestcitydi.com](http://www.forestcitydi.com).

---

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

---

We use and disclose Protected Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and for our healthcare operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of you PHI.

---

## USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

---

Generally, we may use or disclose your PHI as follows:

**For treatment:** We may disclose your PHI to doctors, nurses, and other healthcare personnel who are involved in providing your health care. For example, your PHI will be shared among members of your healthcare team.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your healthcare services. For example, we may contact your employer to verify employment status, and/or private insurer to get paid for services that we delivered to you. We may release information to collection agencies for the purpose of payment.

**For healthcare operations:** We may use/disclose your PHI in the course of operating our center. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

---

## DISCLOSURE OF PHI

---

Forest City Diagnostic Imaging does not disclose an Individual's health information to any organization or Individual, except for the purpose of treatment, payment or healthcare operations. Such as:

- Contacting the Individual to provide appointment reminders or information about treatment, treatment alternatives or other health-related benefits and services that may be of interest.
- Disclosure to the Individual's referring physician or physician group for purposes of treatment.
- Disclosure to a group health plan, HMO, an insurance issuer for purpose of payment and collection.
- Study Cases - From time to time, Forest City Diagnostic Imaging may use selected images from an exam for study cases to be used for training externally as well as internally. In such instances, the images are de-identified, with identifying information removed from the exam such as name, address, phone number, social security number, address, email address, medical record number, account number and other information so that it becomes "anonymous" in the sense that it cannot be easily associated with the Individual.

---

## USES AND DISCLOSURES OF PHI REQUIRING AUTHORIZATION

---

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we may have already undertaken an action in reliance upon your authorization.

---

## USES AND DISCLOSURES OF PHI NOT REQUIRING CONSENT OR AUTHORIZATION

---

The law provides that we may use/disclose your PHI from records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We also must disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose PHI to our corporate office, the protection and advocacy agency, or another agency responsible for monitoring the healthcare system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.

**Relating to decedents:** We may disclose PHI related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

---

## POLICY

---

The only exceptions of disclosure are those sanctioned under the HIPAA regulations that include, but are not limited to:

- An Individual's personal representative; for example, a minor's parent or guardian.
- As required by the FDA or specialized government functions such as national security and intelligence, or law enforcement custodial duties.
- To judicial and law enforcement; such as, court orders or subpoena, locating or identifying suspected criminals and reporting relevant information about victims of a crime.
- If Forest City Diagnostic Imaging reasonably believes the Individual is a victim of abuse, neglect or domestic violence, it will disclose PHI to the appropriate government authority.
- For a deceased Individual, disclosure to the executor of the Individual's estate, an administrator or other person authorized to act on the deceased's behalf, or to a coroner or medical examiner for the purposes of identification or determining cause of death.
- For the above exceptions, Forest City Diagnostic Imaging is not required to obtain the Individual's authorization. Forest City Diagnostic Imaging does, however, verify the identity and authority of the person requesting access to the Individual's PHI. In addition, Forest City Diagnostic Imaging documents the disclosure, including date of disclosure, disclosed to, method of identity or authority verification, reason and information disclosed.
- An Individual may request PHI to be released to a designated third party. The Individual must complete and sign the PHI Authorization Release form (obtainable from the front desk at Forest City Diagnostic Imaging or from the Chief Security Officer), designating the third party and the address to which the information is to be sent. (Duplication charges may apply.)
- For any disclosure, Forest City Diagnostic Imaging uses reasonable efforts to only provide the minimum information necessary to accomplish the intended purpose of use.

---

## USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

---

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as law does not otherwise prohibit this disclosure.

**Patient Directories:** Your name, location, and general condition may be put into our patient directory for disclosures to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

**To family, friends or others involved in your care:** We may share with these people information directly related to their involvement in your care, or payment for your care. We also may share PHI with these people to notify them about your location, general condition or death.

---

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

---

You have the following rights relating to your Protected Health Information (PHI):

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restriction on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

**To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternate means. We must agree to your request as long as it is reasonably easy for us to do so.

**To inspect and request a copy of your PHI:** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denials and explain any right to the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is (1) correct and complete; (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in PHI.

**To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials, or disclosures made before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going back six years. There may be a charge for more frequent requests.

---

## YOU HAVE THE RIGHT TO RECEIVE THIS NOTICE

---

You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

---

## CONTACT PERSON FOR INFORMATION OR TO SUBMIT A COMPLAINT

---

For any complaints regarding Forest City Diagnostic Imaging privacy practices or additional information about its privacy practices, contact Forest City Diagnostic Imaging Chief Security Officer (CSO) by calling 815.398.1300.

**Non-Retaliation:** If an Individual believes his/her privacy rights have been violated, the Individual may complain to Forest City Diagnostic Imaging's CSO and to the Secretary of the Department Of Health and Human Services, without fear of retaliation by the organization.

**Effective Date and Amendments to Notice:** This Notice is effective 4-14-03. Forest City Diagnostic Imaging reserves the right to change the terms of this Notice. In the event the Notice is changed, you will be notified by U.S. mail.