

NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003

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.

This Notice of Privacy Practices describes how Cape Radiology Group may use and disclose your protected health information (PHI) in order to carry out our treatment, payment, and health care operations. We may also use your PHI for other purposes permitted or required by law. This Notice also describes your rights to access and control your PHI.

Cape Radiology Group is required to abide by the terms of this Notice. However, we may modify this Notice at any time. The new notice will be effective for all PHI in our possession at the time of the change and any time thereafter. Each time you receive services at our facility you will be provided with the most current copy of our Notice of Privacy Practices. Upon request, we will provide you with any revised Notice or you can review the notice on our website at <http://www.caperadiology.com>.

You may contact our Privacy Officer at 573/334-6071 if you have any questions about the content of this Notice of Privacy Practices.

Protected Health Information (PHI) is individually identifiable information relating to your health, to the health care provided to you, or to payment for health care.

USES AND DISCLOSURE OF HEALTH INFORMATION

Cape Radiology Group does not require your authorization to use your PHI for the purposes listed below. We may also use or disclose your PHI without your authorization when there is an emergency, when we are required by law to treat you, or when we are required by law to use or disclose certain information.

Treatment: Cape Radiology Group may use and disclose your PHI to assist your health care providers in your diagnosis and treatment.

Payment: Cape Radiology Group may use and disclose your PHI in order to bill and receive payment for the services you receive. We may also ask your insurance company for prior authorization in order to determine whether the insurance company will cover the service(s) ordered.

Health Care Operations: Cape Radiology Group may use and disclose your PHI in order to perform health care operations. For example, we may use or disclose medical information about you to evaluate our staff's performance in caring for you or for educational training for staff or students.

In addition to the reasons mentioned above, Cape Radiology Group may also use your PHI for the following purposes:

Appointment Reminders: Cape Radiology Group has the right to use and disclose your PHI to contact you and remind you of appointments.

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

Health Oversight Activities: Cape Radiology Group may disclose your PHI for the purpose of health oversight activities, such as audits, investigations, inspections, licensure and disciplinary actions, or criminal procedures or actions.

Disclosures Required by Law: Cape Radiology Group will use and disclose your PHI when we are required to do so by law.

Lawsuits or Similar Proceedings: Cape Radiology Group may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

Public Health Risks: Cape Radiology Group may disclose your PHI to public health authorities that are authorized by law to collect information; for example reporting the potential abuse or neglect of a child or adult patient, notifying a person regarding potential exposure to a communicable disease, or preventing or controlling disease, injury or disability.

Law Enforcement: Cape Radiology Group may release PHI for law enforcement purposes; for instance, in response to a warrant, court order summons, subpoena or similar legal process.

Serious Health or Safety Threats: Cape Radiology Group may disclose your PHI when we feel it is necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another person or the public.

Inmates: Cape Radiology Group may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure would be necessary for the following purposes: 1.) for the institution to provide the inmate with health care; 2.) for the safety and security of the institution; 3.) to protect the health and safety of the inmate or the health and safety of other individuals.

Workers' Compensation: Cape Radiology Group may disclose your PHI when it is necessary to comply with workers' compensation laws or purposes.

Military and National Security: Cape Radiology Group may use and disclose your PHI if required by the appropriate military command authorities. We may also use and disclose your information for the protection of the President or for national security and intelligence activities.

YOUR RIGHTS

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

Under limited circumstances we may deny your request for access to your PHI. If access is denied, you can request that the denial be reviewed. A licensed health care professional chosen by Cape Radiology Group will review your request and denial. Cape Radiology Group will comply with the outcome of the review.

The Right to Amend Your PHI: If you feel that the PHI we have about you is incorrect 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 our organization. Your request for an amendment must be made in writing to our Privacy Officer. You must include the reason you want the information changed and the reason you think the information is incorrect or incomplete.

Cape Radiology Group may deny your request if it is not in writing or if it does not include the reason to support the request. We may also deny your request to amend information for the following reasons: 1.) the information was not created by Cape Radiology Group, unless the person or entity that did create the information is no longer available; 2.) the information is not part of the medical record kept by or for Cape Radiology Group; 3.) the information is not part of the information that you are permitted to inspect or copy; 4.) the information is accurate and complete.

The Right to an Accounting of Disclosures: An accounting of disclosures is the list of disclosures we have made, if any, of your PHI. You must make your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include any dates prior to April 14, 2003. You should include how you want the information reported to you (e.g. paper, electronically). You have the right to an accounting every twelve months. 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 Communication of PHI in Certain Form or Location: You have the right to receive information about your health in a particular manner or at a certain location. For example, you may request that we contact you at work rather than at home. You must make this request in writing to our Privacy Officer. The request must tell us how and where you want to receive your PHI.

The Right to Request Restrictions: You have the right to request a restriction on the PHI we use or disclose about you as described in this notice. We are not required to agree to any restriction or limitation you request. If we agree, we will comply with your request until we receive notice in writing from you that you no longer want the restriction to apply (except as required by law or to provide you treatment).

Your request must be made in writing to Cape Radiology Group's Privacy Officer. Your request must indicate: 1.) what information you want limited; 2.) whether you are requesting to limit our use, disclosure or both; 3.) to whom you want the limits to apply.

The Right to Provide an Authorization for Other Uses and Disclosures: Cape Radiology Group will obtain your written authorization for uses and disclosures that are not identified in this Notice of Privacy Practices. An authorization you provide us with regarding the use and disclosure of PHI may be revoked at any time, in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made prior to your previous authorization.

The Right to Obtain a Paper Copy of this Notice: You have the right to a paper copy of this Notice of Privacy Practices. Even if you have agreed to receive this Notice in another form, you can still receive a paper copy of this Notice. To obtain a paper copy of this notice, contact our Privacy Officer.

How to Make a Complaint: If you have a complaint about this Notice or feel we have violated any of your privacy rights you can submit a complaint in writing to our Privacy Officer.

Address: Cape Radiology Group
#70 Doctors' Park
Cape Girardeau, MO 63703
Attn: Privacy Officer