



M1 IMAGING

NOTICE OF PRIVACY PRACTICES

Effective Date: April 2014

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. THANK YOU FOR CHOOSING **M1 Imaging** FOR YOUR HEALTH CARE NEEDS.

If you have any questions about this notice, please contact our Privacy Officer at (248) 268-2119.

WHO WILL FOLLOW THIS NOTICE

This notice describes M1 Imaging (“M1”) practices and that of:

- Any health care professional authorized to enter information into your M1 chart.
- All departments and units and affiliates and locations of M1.
- Any member of a volunteer group we allow to help you while you are at M1.
- All employees, staff and other M1 personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

M1 understands that medical information about you and your health is personal, and M1 is committed to protecting medical information about you. M1 creates a record of the care and services you receive at M1. M1 needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by M1, whether made by M1 personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

This notice will tell you about the ways in which M1 may use and disclose medical information about you. This notice also describe your rights and certain obligations M1 has regarding the use and disclosure of medical information.

M1 is required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that M1 uses and discloses medical information. For each category of uses or disclosures M1 will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways M1 is permitted to use and disclose information will fall within one of the categories.

Our records may contain information regarding your mental health and/or substance abuse. Records involving mental health, substance abuse, pregnancy or sexually transmitted diseases, or other types of sensitive/protected information, may be protected by additional restrictions under state and federal law, which we will comply with.

DISCLOSURE AT YOUR REQUEST

M1 may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

FOR TREATMENT

M1 may use medical information about you to provide you with medical treatment, healthcare, or other related services. M1 may disclose medical information about you to doctors, nurses, aids, technicians, health care students, or other M1 personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of M1 also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. M1 also may disclose medical information about you to people outside M1 who may be involved in your medical care after you leave M1, such as family members, skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, M1 may give your physician access to your health information to assist your physician in treating you.

FOR PAYMENT

M1 may use and disclose medical information about you so that the treatment and services you receive at M1 may be billed to and payment may be collected from you, an insurance company or a third party. M1 may also disclose your medical information to another health care provider or payor of health care for the payment activities of that entity. For example, M1 may need to give your health plan information about a procedure you received at M1 so your health plan will pay M1 or reimburse you for the procedure. M1 may also tell your health plan about a treatment you are going to receive to obtain prior approval, referrals, or to determine whether your plan will cover the treatment. M1 may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside

M1 who are involved in your care, to assist them in obtaining payment for services they provide to you.

FOR HEALTH CARE OPERATIONS

M1 may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run M1 and make sure that all of our patients receive competent, quality health care, and to maintain and improve the quality of health care that M1 provides. M1 may also provide your medical information to various governmental or accreditation entities to maintain M1 license(s) and accreditation. For example, M1 may use medical information to review our treatment and services and to evaluate the performance of our pharmacy staff in caring for you. M1 may also combine medical information about many M1 patients to decide what additional services M1 should offer, what services are not needed, and whether certain new treatments are effective. M1 may also disclose information to doctors, nurses, technicians, medical students, and other M1 personnel for review and learning purposes. M1 may also combine the medical information M1 has with medical information from other health care providers to compare how M1 is doing and see where M1 can make improvements in the care and services M1 offers. M1 may remove information that identifies you from this set of medical information so others may use it to study health care delivery without identifying who the specific patients are.

INCIDENTAL USES AND DISCLOSURES

M1 may occasionally inadvertently use or disclose your medical information when such use or disclosure is incident to another use or disclosure that is permitted or required by law. For example: while M1 has safeguards in place to protect against others overhearing conversations that take place between a doctor, nurse, pharmacist and other personnel, there may be times that such conversations are in fact overheard. Please be assured, however, that as much as possible, M1 has appropriate safeguards in place in an effort to avoid such situations.

LIMITED DATA SETS

M1 may use or disclose certain parts of your medical information, called a "limited data set," for purposes of research, public health reasons or for our health care operations. M1 would disclose a limited data set, only to third parties that have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.

APPOINTMENT REMINDERS

M1 may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the M1. If you do not wish M1 to contact you regarding appointment reminders, you must notify M1 in writing and state that you wish to be excluded from this activity.

DISCLOSURES TO THE SECRETARY OF HEALTH AND HUMAN SERVICES

M1 might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether M1 is complying with privacy laws.

DE-IDENTIFIED INFORMATION

M1 may use your medical information, or disclose it to a third party whom M1 has hired; to create information that does not identify you in any way. Once M1 has de-identified your information, it can be used or disclosed in any way according to law.

DISCLOSURES BY MEMBERS OF M1'S WORKFORCE

Members of M1's workforce, including employees, volunteers, trainees or independent contractors, may disclose your medical information to a

health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's belief that M1 has engaged in unlawful conduct or that our care or services could endanger a patient, workers or the public. In addition, if a workforce member is a crime victim, the member may disclose your medical information to a law enforcement official.

TREATMENT ALTERNATIVES

M1 may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. If you do not wish M1 to contact you regarding treatment alternatives, you must notify M1 in writing and state that you wish to be excluded from this activity.

HEALTH-RELATED PRODUCTS AND SERVICES

M1 may use and disclose medical information to tell you about our health-related products or services that may be of interest to you. If you do not wish M1 to contact you regarding health related-products and services, you must notify M1 in writing and state that you wish to be excluded from this activity.

FUNDRAISING ACTIVITIES

M1 may use medical information about you, or disclosure such information to a foundation related to M1, to contact you in an effort to raise money for M1 and its operations. M1 only would release contact information, such as your name, address and phone number and the dates you received treatment or services at M1. If you do not want M1 to contact you for fundraising efforts, you must notify our Privacy Officer, at the address listed above, in writing.

TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

M1 may release medical information about you to a friend or family member who is involved in your medical care. M1 may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, M1 may also tell your family or friends your condition and that you are at M1.

In addition, M1 may disclose certain medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the emergency department either unconscious or otherwise unable to communicate, M1 is required to attempt to contact someone M1 believes can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

FOR RESEARCH

Under certain circumstances, M1 may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before M1 uses or discloses medical information for research, the project will have been approved through this research approval process, but M1 may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave M1.

AS REQUIRED BY LAW

M1 will disclose medical information about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

M1 may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat, or to law enforcement in particular circumstances.

THIRD PARTIES

M1 may disclose your medical information to third parties with whom M1 has contact to perform services on M1's behalf. If M1 discloses your information to these entities, M1 will have a written agreement with them to safeguard your information.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION

M1 may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS

If you are a member of the armed forces, M1 may release medical information about you as required by military command authorities. M1 may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION

M1 may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

M1 may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report regarding the abuse or neglect of children, elders, and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. M1 will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

HEALTH OVERSIGHT ACTIVITIES

M1 may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These

activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, M1 may disclose medical information about you in response to a court or administrative order. M1 may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT

M1 may release certain medical information if asked to do so by a law enforcement official:

- As required by law;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, M1 is unable to obtain the person's agreement;
- About a death M1 believe may be the result of criminal conduct;
- About criminal conduct at M1; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

M1 may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. M1 may also release medical information about patients of M1 to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

M1 may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

M1 may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

MULTIDISCIPLINARY PERSONNEL TEAMS

M1 may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, M1 may disclose medical information about you to the correctional institution or law enforcement official. This

disclosure would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

SPECIAL CATEGORIES OF INFORMATION

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use of disclosure of certain categories of information – e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as state Medicaid programs, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information M1 maintains about you.

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to M1's Privacy Officer at the address noted above. If M1 uses or maintains your medical information in an electronic health record, you have the right to obtain an electronic copy of such information. Furthermore, you have the right to direct M1 to transmit such electronic copy directly to another entity or person that you designate. If you request a copy of the information, M1 may charge a fee for the costs of copying, mailing or other supplies associated with your request.

M1 may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by M1 will review your request and the denial. The person conducting the review will not be the person who denied your request. M1 will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that medical information M1 has about you is incorrect or incomplete, you may ask M1 to amend the information. You have the right to request an amendment for as long as the information is kept by or for M1.

To request an amendment, your request must be made in writing and submitted to M1's Privacy Officer using the contact information listed above. In addition, you must provide a reason that supports your request.

M1 may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, M1 may deny your request if you ask M1 to amend information that:

- Was not created by M1, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for M1;

- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if M1 denies your request for amendment, you have the right to submit a written statement of disagreement with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the statement of disagreement to be made part of your medical record, M1 will attach it to your records and include it whenever M1 makes a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures." This is a list of the disclosures M1 made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) M1, and with other exceptions pursuant to the law. If, however, M1 is using an electronic health record, M1 will also account for treatment, payment and health care operations made using the electronic health record.

To request this list or accounting of disclosures, you must submit your request in writing to M1's Privacy Officer at the address noted above. Your request must state a time period; which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, M1 may charge you for the costs of providing the list. M1 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.

In addition, M1 will notify you as required by law if your health information is unlawfully accessed or disclosed.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information M1 uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information M1 discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that M1 not use or disclose information about a surgery you had.

M1 is not required to agree to your request, unless all of the following apply: (i) you have requested that M1 restrict disclosure of your medical information to a health plan; (ii) the disclosure M1 would make is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (iii) the medical information pertains solely to a health care item or service for which you have paid M1 in full (excluding payments made by the health plan on my behalf).

If M1 does agree to comply with other requests, M1 will comply with your request unless (a) the information is needed to provide you emergency treatment, or (b) other legal exceptions apply.

To request restrictions, you must make your request in writing to the M1's Privacy Officer at the address noted above. M1 will not ask you the reason for your request. M1 will attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that M1 communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that M1 only contact you at work or by mail.

To request confidential communications, you must make your request in writing to M1’s Privacy Officer at the address noted above. M1 will not ask you the reason for your request. M1 will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may also obtain a copy of this notice at our website.

To obtain a paper copy of this notice, ask our front desk staff.

You may also obtain a copy of this notice at our website.

CHANGES TO THIS NOTICE

M1 reserves the right to change this notice. M1 reserves the right to make the revised or changed notice effective for medical information we already have about you as well as any information M1 receives in

the future. M1 will post a copy of the current notice in M1’s facilities. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with M1 or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with M1, contact our Privacy Officer using the contact information listed above. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to M1 will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if M1 has already acted in reliance on your permission. You understand that M1 is unable to take back any disclosures M1 has already made with your permission, and that M1 is required to retain M1’s records of the care that M1 provided to you.

Acknowledgement of Receipt of Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES:

Acknowledgment of Receipt

ACKNOWLEDGMENT OF RECEIPT

By signing this form, you acknowledge receipt of the “Notice of Privacy Practices” of M1. Our “Notice of Privacy Practices” provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our “Notice of Privacy Practices” is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website; or contacting our Privacy Officer at the address noted above.

If you have any questions about our “Notice of Privacy Practices,” please contact our Privacy Officer.

I acknowledge receipt of the “Notice of Privacy Practices” of M1.

Date: _____ Time: _____ AM/PM

Signature: _____
(patient/legal representative)

If signed by someone other than patient, indicate relationship: _____

Print name: _____
(legal representative)

INABILITY TO OBTAIN ACKNOWLEDGMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reasons why the acknowledgment was not obtained.

Patient Name: _____

Reasons why the acknowledgment was not obtained:

- Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.
- Other: _____.

Date: _____

Time: _____ AM/PM

Signature: _____
(provider representative)

Print name: _____
(provider representative)