

JOINT NOTICE OF PRIVACY PRACTICES

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.

Our goal is to take appropriate steps to attempt to safeguard any protected health information (PHI) about our patients that we receive. We are required by law to (i) maintain the privacy of PHI provided to us; (ii) provide notice of our legal duties and privacy practices with respect to PHI; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

WHO WILL FOLLOW THIS NOTICE

This Notice applies to all patient health information maintained by Radiology Ltd. and RLC, LLC and our respective employees and medical staff for services provided at any of the following locations:

**RADIOLOGY LTD.
CAMP LOWELL DIAGNOSTIC IMAGING**
4650 E. Camp Lowell Dr., Bldg. 3
Tucson, AZ 85712
Telephone: (520) 318-6144

**RADIOLOGY LTD.
LA CHOLLA CENTER FOR WOMEN'S IMAGING**
5840 N. La Cholla Blvd.
Tucson, AZ 85741
Telephone: (520) 290-3439

**RADIOLOGY LTD.
LA CHOLLA CENTER FOR DIAGNOSTIC
IMAGING & TREATMENT**
5960 N. La Cholla Blvd.
Tucson, AZ 85741
Telephone: (520) 290-4848

**RADIOLOGY LTD.
MIDVALE IMAGING CENTER**
1598A W. Commerce Court
Tucson, AZ 85746
Telephone: (520) 290-4842

**RADIOLOGY LTD.
RANCHO VISTOSO DIAGNOSTIC IMAGING**
2551 E. Vistoso Commerce Loop
Oro Valley, AZ 85737
Telephone: (520) 825-1990

**RADIOLOGY LTD. MEDICAL RECORDS @
SAN RAFAEL**
6516 E. Carondelet Drive, Bldg. C
Tucson, AZ 85710
Telephone: (520) 296-2393

**RADIOLOGY LTD.
ST. JOSEPH'S IMAGING CENTER**
330 N. Wilmot Road
Tucson, AZ 85711
Telephone: (520) 290-4840

**RADIOLOGY LTD.
WILMOT CENTER FOR DIAGNOSTIC
IMAGING & TREATMENT**
677 N. Wilmot Rd.
Tucson, AZ 85711
Telephone: (520) 571-9599

**RADIOLOGY LTD.
WILMOT CENTER FOR WOMEN'S IMAGING**
677 N. Wilmot Rd.
Tucson, AZ 85711
Telephone: (520) 722-1832

RADIOLOGY LTD. - CARONDELET
6567 E. Carondelet Drive, Suite 105
Tucson, AZ 85710
Telephone: (520) 751-3096

RADIOLOGY LTD. MRI AT CARONDELET
6567 E. Carondelet Drive, Suite 145
Tucson, AZ 85710
Telephone: (520) 290-4841

PHI COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and medical services from us, you will be providing us with PHI such as:

- Your name, address, and phone number;
- Information relating to your medical history and condition;
- Your insurance information and coverage; and
- Information concerning your doctor, nurse or other medical providers.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals, physicians or organizations such as your referring physician, your other doctors, your health plan, and close friends or family members. All or some of this information may be considered PHI.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

We may use and disclose PHI about you in different ways. All of the ways in which we may use and disclose PHI will fall within one of the following categories, but not every use or disclosure in a category will be listed.

For Treatment. We will use and disclose PHI about you to furnish medical services and supplies to you in accordance with our policies and procedures. For example, we will use your medical history to assess your health and perform requested interventional, therapeutic, or other diagnostic medical services. Your PHI may be used for appointment reminders that will be communicated through our automated phone system. We will also disclose to your health care provider the results of any medical services we furnish to you.

For Payment. We will use and disclose PHI about you to bill for our medical services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the examinations or other medical services that we have furnished you. We may also need to inform your payer of the medical services you are going to receive in order to obtain prior approval or to determine whether the medical services will be covered.

For Health Care Operations. We may use and disclose PHI about you for the general operation of our business and to evaluate the quality of care we provide. For example, we sometimes arrange for accreditation organizations, auditors or other consultants, or members of our staff to review our practices, evaluate our operations, and tell us how to improve our medical services. These individuals may need to review PHI about you to perform these services for us.

Other Permitted And Required Uses and Disclosures. There are a number of other reasons why we may or are required to use and disclose PHI about you. The following are examples of some of these reasons.

We may use and disclose PHI about you when you authorize us in writing to do so, or we are required to do so by federal, state, or local law. We may also disclose PHI incident to a use or disclosure that is otherwise permitted or required by law.

We may disclose PHI about you to public health authorities in connection with certain public health reporting activities. For instance, we may disclose PHI to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, at the direction of a public health authority, or to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.

We may disclose PHI to a person subject to the Food and Drug Administration's authority for the following activities: to report adverse events, product defects or problems, biological product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

We are also permitted to disclose PHI to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally, we may disclose your PHI in situations of domestic abuse or elder abuse.

We may disclose PHI in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activities necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which PHI is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which PHI is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which PHI is necessary for determining compliance.

We may disclose PHI in response to a warrant, subpoena, or other order of a court or administrative tribunal, and in connection with certain government investigations and law enforcement activities. In addition, we may disclose PHI about you in the absence of such an order and in response to a discovery or other lawful request if certain legal requirements are met.

We may disclose PHI to a funeral director to perform his duties or to coroner or medical examiner to identify a deceased person, determine the cause of death or perform other duties. We also may disclose PHI to organ procurement organizations, transplant centers, and eye or tissue banks.

We may disclose your PHI to workers' compensation or similar programs or to your employer if required to enable your employer to comply with laws regarding medical surveillance of the workplace or work-related illnesses or injuries.

PHI about you may also be used and disclosed when necessary to lessen or prevent a serious threat to your health and safety or the health and safety of others.

We may use or disclose certain PHI about you for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board has determined that appropriate approval to use and disclose your PHI has been obtained.

If you are a member of the Armed Forces, we may use and disclose PHI about you as required by military command authorities. We also may use PHI about foreign military personnel and disclose such PHI to the appropriate foreign military authority.

If you are an inmate, we may disclose PHI about you to a correctional institution where you are incarcerated or to law enforcement officials.

Finally, we may disclose PHI for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

Our Business Associates. We sometimes work with outside individuals and businesses who help us operate our business successfully. We may disclose your PHI to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your PHI.

Individuals Involved in Your Care or Payment for Your Care. Except in the case of an emergency, we will only disclose PHI about you to individuals involved in your care or as previously discussed for payment. This includes people and organizations that are part of your "circle of care" - such as your spouse, other relatives, a close personal friend, or an aide who may be providing services to you.

OTHER USES AND DISCLOSURES OF PHI

We are required to obtain written authorization from you to use and disclose your PHI for purposes other than those described above. If you provide us with such authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the purpose(s) you previously authorized. We, however, will be unable to take back any uses and disclosures already made based upon your original authorization.

YOUR RIGHTS

You have the right to ask that we restrict the ways in which we use and disclose your PHI for certain purposes. We will consider your request, but we are not required to agree to your request.

You have the right to request that you receive confidential communications containing your PHI from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances provided by law, you have the right, on written request, to inspect and copy certain PHI about you that we maintain. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that your PHI in our records is incorrect or incomplete, you have the right to ask, in writing, that we correct inaccurate or incomplete PHI that we maintain. You will also need to provide a written explanation of why you are making your request. Under certain circumstances, we may deny your request.

You have the right, on written request, to ask for a list of certain disclosures we have made of your PHI. We are not required to maintain a list of all disclosures of PHI about you that we make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to receive a copy of this Notice of Privacy Practices in paper form. You may ask us for a copy at any time. This Notice is also available on our website radltd.com.

To exercise any of your rights or obtain more information regarding this Notice, please contact us in writing at:

**Janet Rosales, R.H.I.T. • Privacy/Security Officer • Radiology Ltd.
St. Joseph's Imaging Center • 330 N. Wilmot Rd • Tucson, AZ 85711
Telephone (520) 545-1969; email janet.rosales@radltd.com**

CHANGES TO THIS NOTICE

We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised Notice effective for all PHI we currently maintain about you as well as any PHI about you that we receive in the future. In the event there is a change in our privacy practices that appears in this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time. If the change to this Notice is material, we will provide you a copy of the revised Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office and/or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. You may contact Matthew Miller, Compliance Officer, Radiology Ltd., 677 N. Wilmot Road, Tucson, Arizona 85711, email: matt.miller@radltd.com, telephone number: 520-545-1739 or Janet Rosales, R.H.I.T. Privacy/Security Officer, Radiology Ltd., St. Joseph's Imaging Center Tucson, Arizona 85711, email: janet.rosales@radltd.com, telephone number: 520-545-1969. You will not be retaliated against for filing any complaints.