



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.

Insight Imaging, LLC dba VIDERE and VIDERE DIAGNOSTICS is committed to the protection of your Personal Health Information, or PHI. All of our health professionals and other personnel are legally required to protect the privacy of your PHI. This PHI includes information that can be used to identify you. We collect or receive this information about your past, present, or future health condition to provide healthcare to you and to receive payment for this healthcare. With some exceptions, we are not allowed to use or release any more of your PHI than is necessary to accomplish our needs.

We are required by law to abide by the terms of our notice of privacy practices currently in effect. We reserve the right to change our privacy practices and the terms of this notice at any time. Any changes to the terms of this notice will apply to the PHI about you that we already have. You can request a copy of this notice from the contact person listed at the end of this notice at any time, and you can view a copy of the notice on our website at videre.com.

We may use and release your PHI for many different reasons. For some of these reasons, we do not need your permission, and for other reasons, we will need your permission in the form of a signed authorization. Below we describe when we use and release your PHI and provide examples of such instances.

A. WE MAY USE OR DISCLOSE YOUR PHI FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS WITHOUT YOUR CONSENT:

1. For treatment. We may release your PHI to physicians, nurses, medical students, and other healthcare personnel and agencies who provide or who are involved in your healthcare. For example, we may release your PHI to your primary care physician in order to coordinate your care.

2. To obtain payment for treatment. We may use and release your PHI in order to bill and collect payment for services provided to you. For example, we may release portions of your PHI to your health plan to get paid for the healthcare services we provide to you. We may also release your PHI to our business associates, such as billing companies and others that process our healthcare claims. It is important that you provide us with correct and up-to-date information.

3. To run our healthcare business. We may release your PHI in order to operate our facility in compliance with healthcare regulations. For example, we may use your PHI to review the quality of our services and to evaluate the performance of our staff in caring for you.

B. WE ALSO DO NOT REQUIRE YOUR CONSENT TO USE OR RELEASE YOUR PHI AS FOLLOWS:

1. When federal, state, or local law requires us to do so or when law enforcement agencies request your PHI. We will release your PHI when the law requires us to do so. Some examples are: for

notification and identification purposes when a crime has occurred or in missing person cases; when a crime has taken place on our premises; or about victims of a crime with their consent or in an emergency situation.

2. When we are ordered by a court to do so in the course of judicial or administrative proceedings. For example, we may release your PHI in response to a court order or court-ordered subpoena.

3. To coroners or funeral directors. We may report information about births, deaths, and various diseases to government officials in charge of collecting that information and we may provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

4. For public health activities: We may disclose information for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

5. For worker's compensation purposes. We may release your PHI in order to comply with worker's compensation laws. If you do not want worker's compensation notified, alternate insurance or payment information must be supplied.

6. For appointment reminders and health-related benefits and services. We may use your PHI to contact you as a reminder that you have an appointment or to recommend treatment options or alternatives that may be of interest to you.

7. Over the health information exchange. We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

8. To business associates. Some services are provided through the use of contracted entities called business associates. We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services and we will require the business associate to appropriately safeguard your information.

9. For health oversight activities. We may use or disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for oversight of the healthcare system, government benefit programs, or entities subject to government regulation or civil rights laws.

10. To the government for certain specialized functions. For example, we may release your PHI to military command authorities if you are a member of the military. We may also release your PHI to federal officials for national security purposes. Information may also be shared if you are an inmate under custody of law which is necessary for your health or for the health and safety of others.



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C. WE MAY USE OR DISCLOSE YOUR PHI IN THE FOLLOWING SITUATIONS UNLESS YOU OBJECT:

We may release your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare, unless you object in whole or in part. We may contact you for the purpose of fundraising activities but you may opt out of receiving such communications. We may also release your PHI for disaster relief purposes (for example, to the Red Cross) unless you object. Your choice to object may be made at any time.

D. YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY USES AND DISCLOSURES OF YOUR PHI NOT INCLUDED ABOVE.

We will ask for your written authorization before using or releasing any of your PHI, except as described above. If you sign an authorization that allows us to release your PHI, you may later cancel that authorization in writing. This will stop any future release of your PHI for the purposes you previously authorized, but you understand that we are unable to take back any disclosures we have already made with your permission. This includes uses or disclosures for marketing or any purposes which require the sale of your information.

YOUR RIGHTS REGARDING YOUR PHI

A. You Have the Right to Request Limits or Restrictions on How We Use and Release Your PHI.

We are not required to agree to a requested restriction, but if we do agree, we will put any limits in writing and abide by them except in emergency situations. You may not limit or restrict the use or disclosure of your PHI when we are legally required or allowed to release your PHI. We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service unless it is otherwise required by law.

B. You Have the Right to Choose How We Communicate PHI to You.

All of our communications to you are considered confidential. You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address) or by alternative means (for example, e-mail instead of regular mail). We must agree to your request if it is reasonable. Any additional expenses will be passed on to you for payment.

C. You Have the Right to See and Get Copies of Your PHI.

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If requested, we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

D. You Have the Right to Get a List of Certain Instances of When and to Whom We Have Disclosed Your PHI.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12 month period you may be charged a reasonable fee. Please submit all requests for this information to: Videre Diagnostics, 1901 Roxborough Road, Suite 200, Charlotte, North Carolina 28211.

E. You have the Right to Correct or Update Your PHI.

You may request an amendment or update of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

F. Additional Privacy Rights

You have the right to obtain an electronic or paper copy of this notice from us, upon request. Please submit this request to: Videre Diagnostics, Attention: Privacy Officer, 1901 Roxborough Road, Suite 200, Charlotte, North Carolina 28211.

You have a right to receive notification of any breach of your protected health information.

HOW TO VOICE YOUR CONCERNS OR FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you think we have violated your rights or you have a complaint about our privacy practices you can contact

Videre Diagnostics
Attention: Privacy Officer
9930 Kincey Avenue, Suite 110
Huntersville, NC 28078
800.890.2813

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. If you file a complaint we will not retaliate against you for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices went into effect on April 14, 2003, and was revised on May 1, 2015.

