

PRIVACY PRACTICES OF ADVANCED BODY SCAN OF NEWPORT

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

To Our Patients: State and federal laws require us to maintain the privacy of your health information and to inform you of our privacy practices. We realize that these laws are complicated, but we must provide you with the following important information. Advanced Body Scan of Newport follows the privacy practices described below. This particular notice became effective on January 1, 2005 and will remain in effect until amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date that the changes were made.

You may obtain a copy of our Privacy Practices at any time from our Privacy Officer, Steve Dallas. Information on contacting us is found at the end of this Notice. A copy of this notice can also be found on the internet at the URI: <http://www.newportbodyscan.com/downloads/privacy.pdf>

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established “minimum necessary or need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your healthcare information with other *healthcare professionals* who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, unless you object that we may do so.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include our medical records staff, outside health or management reviewers and individuals performing similar activities.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders or follow-up letters, including voicemail messages, postcards, letters or emails.

Marketing Health-Related Services: We *will not* use your health information for marketing purposes without your signed authorization to do so.

SPECIAL CIRCUMSTANCE USES AND DISCLOSURES OF HEALTH INFORMATION

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up copies of your tests unless you have advised us otherwise.

Required by Law: We will use or disclose your health information if required by law (court or administrative orders, subpoena, discovery request or other lawful process). We may use or disclose your health information if it is requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We may disclose your healthcare information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized Federal Officials.

Worker's Compensation: We may disclose your PHI (Protected Health Information) to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs established by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Communication: You can request that we communicate with you about your health and related issues in a particular manner or certain location. For instance, you may ask that we contact you at home and not at work. We will accommodate reasonable requests.

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to obtain a copy of your health information, you will need to complete and submit a 'request form'.

Copies of the 'request form' will be provided upon request. You may also request access to inspect your health information by a letter our privacy officer at the address at the end of this Notice. Once approved, an appointment can be made to review your records.

Copies, if requested, will be \$.25 for each page. Copies of your tests on CD will be \$25.00 per CD.

Amendment: You may ask us to amend your healthcare information, if you feel it is inaccurate or incomplete. This request must be submitted in writing to our Privacy Officer and must include an explanation of why your information should be amended. Depending upon the circumstances, we retain the right to deny your request.

List of Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your healthcare information. (When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures: therefore these are not available.) You have the right to a list of instances in which we, or business associates, disclosed information for reasons *other than* treatment, payment or healthcare operations. You can request non-routine disclosures going back 6 years starting on January 1, 2004. Information prior to that date would not have to be released. (*Example: If you request information on May 15, 2004, the disclosure period would start on April 14, 2003 up to May 15, 2004. Disclosures prior to January 1, 2004 do not have to be made available.*)

Restrictions: You may ask for additional restrictions on the use or disclosure of your health information. We do not have to agree to any additional restrictions, but if we do, we will abide by our agreement (except in emergencies). Requests for additional restrictions must be submitted in writing to our Privacy Officer.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US

Practice Name: ADVANCED BODY SCAN OF NEWPORT
Privacy Officer: Steve Dallas

Telephone Number: (949) 756-8200

Fax Number: (949) 756-8222

Email: sdallas@newportbodyscan.com

Address: 20311 Acacia St, Suite 140, Newport Beach, CA 92660