

Notice of Privacy Practices

for

3 T Imaging

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 safeguard any medical or other personal information that is provided to us. We are required to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices ("Notice") currently in effect.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of 3 T Imaging, as well as our employees, staff, business associates, independent contractors, and legal advisors. Each of these individuals and entities will follow the terms of this Notice and may share protected health information with each other for the treatment, payment, or healthcare operations purposes described in this Notice.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and healthcare services from us, you will be providing us with personal health information such as:

- Your name, address, and phone number.
- Information relating to your medical history.
- 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 may be provided to us by other individuals or organizations that are part of your "circle of care" – such as the referring physician, your other doctors, your health plan, and close friends or family members. All of this personal information is known as "protected health information."

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose your protected health information without obtaining your written authorization for the following reasons:

Treatment

We will use your protected health information to furnish health care services to you in accordance with our policies and procedures. For example, we will use your medical history to assess your health and perform requested, MRI, CT, X-ray, Echocardiography, Nuclear Medicine, Ultrasound or other diagnostic services. In addition, we may use your protected health information to remind you by phone or email of your appointment date and time. If you do not answer, we may leave a message with the person who answers the phone or a voice message at the telephone number you provided to us.

Payment

We will use and disclose your protected health information as necessary to collect payment from you or your insurance company for the healthcare services we rendered to you. For example, we may need to give a payer information about your current medical condition so that it will pay us for the ultrasound examinations or other services we furnished to you. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

Health Care Operations

We may use or disclose your protected health information for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services.

Public Policy Uses and Disclosures

There are a number of public policy reasons why we may disclose your protected health information when we are required to do so by federal, state, or local law.

We may disclose your protected health information in connection with certain public health reporting activities. For instance, we may disclose protected health information to a public health authority authorized to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability or, at the direction of a public health authority. Public health authorities include but are not limited to state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency.

We are permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect, elder abuse or domestic violence.

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

We may disclose protected health information in connection with certain health oversight activities of licensing and other agencies, such as Medicare and Medicaid. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for determining compliance. We may release protected health information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

We may release protected health information to organ procurement organizations, transplant centers, and eye or tissue banks.

We may release protected health information regarding work-related illness or injuries to your employer, worker's compensation, or other federal and state government agencies as required by law.

We may disclose your protected health information when necessary to prevent a serious threat to your health and/or the safety of others.

We may use or disclose certain protected health information to research study if an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study.

In addition, we may use and disclose your protected health information to prepare or analyze a research protocol and for other research purposes.

If you are a member of either the United States Armed Forces or a foreign military organization, we may release protected health information about you as required by military command authorities.

We may disclose your protected health information for legal or administrative proceedings that involve you.

We may release your protected health information upon order of a court or administrative tribunal.

In the absence of such an order, we may release protected health information in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials.

Finally, we may disclose protected health information 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 that help us operate our business successfully. We may disclose your protected health information 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 protected health information.

INDIVIDUALS INVOLVED IN YOUR CARE

We may disclose your protected health information to other individuals or entities who are involved in your care, who is attempting to obtain payment for your care, or who need the information to conduct certain health care operations, but we will seek verification of identity before doing so. This includes people and organizations that are part of our “circle of care” – such as your spouse, your other doctors, or an aide who may be providing services to you, unless you object to us disclosing information to any of these persons.

We maintain a facility directory so that if family or friends ask us about your condition, we can tell them general information and the fact that you are here. If you do not want us to tell anyone you are here, please tell us now. We are required to abide with terms of the notice currently in effect; however, we may change this notice. If we materially change this notice, you can get a revised notice on our Website at www.3timaging.com, or by stopping by our office to pick up a copy. Changes to the notice are applicable to the health information we already have. If we seek help from individuals or entities who are not part of this notice in our treatment, payment, or healthcare operations activities, we will require those persons to follow this notice unless they are already required by law to follow the Federal Privacy Rule.

USES & DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We are required to obtain written authorization from you for any other uses and disclosures of protected health information other than those described above. For example, your request that we release protected health information to your employer. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we may no longer use or disclose your protected health information for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

YOUR INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways in which we use and disclose your protected health information beyond those imposed by law. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail. We will accommodate all reasonable requests.

Except under certain circumstances, you have the right to inspect and copy your protected health information. If you ask for copies of this information we may charge you a fee for copying and mailing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

You have the right to ask for a list of instances when we have used or disclosed your protected health information for reasons other than your treatment, payment for services furnished to you, or health care operations, or disclosures you give us an authorization to make.

This list will not include any disclosures made before April 14, 2003 or more than six (6) years before the date of your request. If you ask for this information from us more than once every twelve (12) months, we may charge you a fee.

You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time.

To exercise any of your rights, please contact us in writing at: Attention: Operations Director, 3 T Imaging
9000 Waukegan Road, Morton Grove, IL 60053

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 protected health information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.

COMPLAINTS/COMMENTS

If you have any complaints concerning our Privacy Policy, you may contact the Secretary of the Department Health and Human Services. You also may contact us at our address listed prior. We will not take action against you or any person who files a complaint with either the Secretary or our office.

To obtain more information concerning this Notice of Privacy Practices, you may contact our Operation Director at (847) 213-2700.

This Privacy Policy was last revised on June 19, 2007.

ACKNOWLEDGEMENT OF RECEIPT:

Federal law requires that we seek your acknowledgment of receipt of this Notice of Privacy Practices. Please sign below.

I acknowledge that I have received this Notice of Privacy Practices with a last revised date of June 19, 2007, and that I understand that if I have any questions regarding this Notice, I may contact the Privacy Officer.

Signature: _____ Date: _____

Printed Name: _____

Signature of Parent/Guardian (**specify which**): _____

Date: _____