



Notice of HIPAA Privacy Practices

Joint HIPAA Privacy Notice

This joint 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.

Introduction

This Joint Notice is being provided to you on behalf of Advanced Shore Imaging Associates, LLC. ("ASI") and the independent members and independent health professional affiliates of the Medical Staffs of ASI (collectively with ASI referred to herein as "Us", "We" or "Our") with respect to services provided by ASI. Please note that the independent members and independent health professional affiliates of the Medical Staffs are neither employees nor agents of ASI but are joined under this Privacy Notice for the convenience of explaining to patients their rights relating to

the privacy of their protected health information (as defined below). We understand that your medical information is private and confidential. Further, We are required by law to maintain the privacy of Protected Health Information. "Protected Health Information" includes any individually identifiable information that We obtain from you or others that relates to your past, present or future physical or mental health, and the health care you have received, or payment for your health care.

We may share Protected Health Information between the ASI providers and facilities as necessary to carry out treatment, payment or health care operations relating to the services rendered at ASI facilities and as otherwise permitted and consistent with this notice. Where We may share your Protected Health Information between our providers and facilities, We may do so by means of electronic information exchange through a shared connected and secured network.

As required by law, this notice provides you with information about your rights and Our legal duties and privacy practices with respect to the privacy of Protected Health Information. This notice also discusses the uses and disclosures We will make of your Protected Health Information. We must comply with the provisions of this notice as currently in effect, although We reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all Protected Health Information We maintain. You can always request a written copy of Our most current privacy notice from ASI's Access Services Department, Health Information Department or the ASI Privacy Officer or you can access it on the ASI Web site at www.advancedshoreimaging.com.

Permitted Uses and Disclosures

We can use or disclose your Protected Health Information for purposes of *treatment, payment and health care operations*. For each of these categories of uses and disclosures, We have provided a sample description.

However, not every particular use or disclosure that We may make in every category will be listed.

• **Treatment** means the provision, coordination or management of your health care, including consultations between health care providers relating to your care and referrals for health care from one health care provider to another. 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. In addition, the doctor may need to contact a physical therapist to create the exercise regimen appropriate for your treatment.

• **Payment** means the activities We undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determinations of eligibility and coverage and other utilization review activities. For example, prior to providing health care services. We may need to provide information to your Third Party Payor about your medical condition to determine whether the proposed course of treatment will be covered. When We subsequently bill the Third Party Payor for the services rendered to you, We can provide the Third Party Payor with information regarding your care if necessary to obtain payment. Federal or State law may require us to obtain a written release from you prior to disclosing certain Protected Health Information for payment purposes (e.g. HIV, drug treatment, etc.), and We will ask you to sign a release when necessary under applicable law.

• **Health care operations** means the support functions of ASI, related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, We may use your Protected Health Information to evaluate the performance of Our staff when caring for you. We may also combine health information about many patients to decide what additional services We should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and others for review and teaming purposes. In addition, We may remove information that identifies you from your patient information so that others can use the de-identified information to study health care and health care delivery without learning who you are.