

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.

This Notice of Privacy Practices (“Notice”) applies to Protected Health Information (defined below) associated with Group Health Plans (defined below) provided by Tristan Radiology Specialists, P.C. to its employees, its employee’s dependents and, as applicable, retired employees. This Notice describes how Tristan Radiology Specialists, P.C. may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Health Information and to provide individuals covered under our group health plan with notice of our legal duties and privacy practices concerning Protected Health Information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, copies of revised notices will be mailed to all policyholders then covered by the Group Health Plan. Copies of our current Notice may be obtained by contacting Tristan Radiology Specialists, P.C. at the telephone number or address below, or your HR Department.

DEFINITIONS

Group Health Plan means, for purposes of this Notice, the employee benefits that are provided to our employees, employee dependents and, as applicable, retired employees which might include major medical coverage, dental coverage, vision coverage, long-term care coverage and any other coverage’s that meet the definition of a health plan.

Protected Health Information (“PHI”) means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual (including genetic information); the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Uses and Disclosures for Payment – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

Uses and Disclosures for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan. Genetic information is excluded per the requirements of the Genetic Information Nondiscrimination Act (GINA).

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

Business Associates – At times we use outside persons or organizations to help us provide you with the benefits of your Group Health Plan. Examples of these outside persons and organizations might include vendors that help us process your claims. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing Group Health Plan coverage, and about health-related products and services that may add value to your Group Health Plan.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard. In particular, you should know that we must obtain your written authorization to use or disclose your PHI for most types of marketing initiatives, or to sell your PHI. To the extent that the PHI maintained by us contains psychotherapy notes, we may not use or disclose such information without first obtaining your written authorization.

NOTICE OF BREACH OF PROTECTED HEALTH INFORMATION (PHI)

Notices to Individuals: Under the HITECH Act, an employer health plan will have to notify each individual whose unsecured PHI was, or is believed to have been, improperly used or disclosed. These notices are required to be provided “without unreasonable delay” and “in no case later than 60 calendar days” after discovery. The preamble to the regulations clarifies that if an employer health plan(s) has the necessary information to notify individuals within 10 days of discovery of the breach, but does not notify individuals until 60 days after discovery of the breach, that employer health plan(s) would be in violation of the rules. “Discovery” is defined as actual knowledge of the breach by a member of the plan’s workforce or an agent of the plan, or deemed knowledge if the breach would have been discovered by exercising reasonable diligence.

These individual notices must be written in plain language and include basic information such as: (1) the date of the breach, if known; (2) a brief description of the breach and what the plan is doing to mitigate damages and protect against future breaches; and (3) steps affected participants should take to protect themselves. The notices may be sent by first-class mail to the individual’s last known address or by e-mail if the individual has agreed to receive electronic notices (and has not withdrawn that agreement). If there is insufficient or out-of-date contact information, substitute notice may be provided by an alternative form of written notice, or by phone or other means – if there are fewer than 10 affected individuals. If there are more than 10 affected individuals, substitute notice would be in the form of a notice posted for a specified period on the home page of a relevant website or notice in major print or broadcast media.

Notices to Media: In addition to notifying affected individuals, if a breach affects more than 500 residents of one state or other smaller jurisdiction (such as a county, city or town), prominent media outlets serving that jurisdiction must be notified. This notice must be provided without unreasonable delay and in no case later than 60 calendar days after discovery of the breach. This notice must include the same basic information as the individual notice. Health and Human Services (HHS) clarifies in the preamble to the regulations that it expects this notice would usually be done in the form of a press release.

Notices to HHS: In addition to the required notices to individuals and any potential notices to media outlets, employer-sponsored health plans will have to notify HHS of any breaches of participant unsecured PHI. If a breach involves 500 or more individuals, a plan must notify HHS at the same time it notifies the individuals. The manner and content of this notice are expected to be specified on the HHS website. As required by the HITECH Act, HHS will post on its website a list of HIPAA covered entities, including employer-sponsored health plans that submit reports of breaches involving more than 500 individuals. If a breach involves fewer than 500 individuals, the plan will notify HHS no later than 60 days after the discovery of the breach. Note that the HHS reporting requirements do not depend on where an affected participant resides.

Notices by Business Associates to Plan: A third-party administrator, claims administrator, pharmacy benefit manager or other business associate to an employer-sponsored health plan

will be required to notify the plan itself in the event of a breach of unsecured PHI. Again, the notice must be provided without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. Discovery is defined in terms of actual knowledge by an employee, officer or other agent of the business associate or deemed knowledge if the breach would have been discovered by exercising reasonable diligence.

Under the HITECH Act, notices are generally required upon a “breach” of “unsecured” PHI, and the regulations clarify both terms:

- For purposes of the regulations, the term “breach” means the “acquisition, access, use or disclosure” of PHI in a manner not permitted by the HIPAA privacy rules which “compromises the security or privacy” of the PHI. Security and privacy are considered to be compromised when a breach poses a “significant risk of financial, reputational or other harm” to an individual. Importantly, breach is specifically defined to exclude certain situations, such as a disclosure where there is a good faith belief that the unauthorized person who received PHI could not have retained it.
- Under the HITECH Act and follow-up HHS guidance, notices are required only for breaches of “unsecured” PHI. “Unsecured” is defined as information that has not been destroyed under an approved method or secured by a technology that renders the PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or accredited by the American National Standards Institute. The new regulations clarify that electronic information that has been encrypted pursuant to the HIPAA security rules will be considered secure for these purposes.

RIGHTS THAT YOU HAVE

Access to Your PHI – You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Access request forms are available from Tristan Radiology Specialists, P.C.'s health plan(s) at the address below. We may charge you a fee for copying and postage. You may request that we provide you with access to your PHI in electronic format, and we will accommodate such request, if electronic formats are available.

Amendments to Your PHI – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from us at the address below.

Accounting for Disclosures of Your PHI – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from us at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your PHI – You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting us at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact Tristan Radiology Specialists, P.C.'s Privacy Office by writing to: Tristan Radiology Specialists, P.C., Attn: Privacy Office, 4520 Union Deposit Road, Harrisburg Pennsylvania 17111, or by calling 717-652-5840.

EFFECTIVE DATE

This Notice was last modified as of 8/26/2013.