

Summary of Privacy Practices

This summary briefly describes how Clarksville Imaging Center LLC will be using your medical information for purposes of treatment payment and operations and how you can get access to this information

Carefully review the complete Notice of Privacy Practices for specific details

We understand that medical information about you and your health is personal We are committed to protecting medical information about you

We may use and disclose medical information about you for treatment, payment and health care operations

You must first have an opportunity to object to some uses and disclosures which is to individuals involved in your care or payment for your care We may release medical information about you to a friend or family member who is involved in your medical care and we may also give information to someone who helps pay for your care unless you object in whole or in part

Other uses and disclosures include 1) As Required By Law 2) Public Health Risks 3) Health Oversight Activities 4) Lawsuits and Disputes 5) Law Enforcement 6) Coroners Medical Examiners and Funeral Directors 7) Research 8) To Avert a Serious Threat to Health or Safety 9) Military and Veterans 10) National Security and Intelligence Activities 11) Protective Services for the President and Others 12) Workers Compensation 13) Treatment Alternatives 14) Health Related Benefits and Services 15) Patient Satisfaction Survey 16) Appointment Reminders

You have the following rights regarding medical information we maintain about you 1) Right to inspect and copy 2) Right to amend 3) Right to an accounting of disclosures 4) Right to request restrictions 5) Right to request confidential communications 6) Right to a paper copy of this notice

If you believe your privacy rights have been violated, you may file a complaint with the center or with the Secretary of the Department of Health and Human Services You will not be penalized for filing a complaint

We reserve the right to change this Notice

This Notice went into effect on April 14 2003

PATIENT S ACKNOWLEDGMENT

By indicating below Patient hereby acknowledges that he/she has received a copy of our Notice of Privacy Practices



Patient Signature

Print Name of Patient

If you are signing on behalf of a Patient, please indicate your relationship to the Patient or capacity to serve as

Patient s Representative _____

Date _____