

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.



CLARKSVILLE
IMAGING
CENTER
OPEN MRI • CT • ULTRASOUND

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: _____