EFFECTIVE DATE OF THIS NOTICE: MAY 15, 2018. MISSION IMAGING SERVICES, LLC NOTICE OF PRIVACY PRACTICES

YOUR RIGHTS. YOUR RESPONSIBILITIES.

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.

YOUR RIGHTS

You have the right to:

• Access to and receive a copy of your health information
• Correct or update your health information
• Request restrictions on certain disclosures of your health information
• Ask to limit what we use or share
• File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have several choices in the way that we use and share information as we:

• Tell family and friends about your condition
• Provide after-care
• Provide mental health care

OUR USES AND DISCLOSURES

We may use and share your information as we:

• Treat you
• Run our organization
• Bill for your services
• Help with public health and safety issues
• Do research
• Comply with law
• Respond to organ and tissue donation requests
• Work with healthcare providers to run our practice
• Address workers’ compensation, law enforcement, and other government requests
• Respond to requests for patient information
• Consistently with regulations specific to the operations of independent diagnostic testing facilities (IDTF), we will not directly solicit you regarding fundraising/marketing activities.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

GET A COPY OF YOUR HEALTH INFORMATION

• You can ask to see or get an electronic or paper copy of your medical record and other information we have about you. Ask us how to do this.
• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for this service.

ASK US TO CORRECT YOUR MEDICAL RECORD

• You can ask us to correct health information that you think is incorrect or incomplete. Ask us how to do this.

REQUEST LIMIT ON USE OR DISCLOSURE

• You can ask us to limit what we use or share your health information for treatment, payment, or our operations. We are required to honor your request except under certain limited situations.
• If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurance. We will say “yes” unless a law requires us to share that information.

GET A LIST OF THOSE WITH WHOM WE'VE SHARED YOUR INFORMATION

• We will provide one accounting a year for free but will charge a reasonable, cost-based fee for additional accounting for the same period of time. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information. For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

WE WILL NOT DISCLOSE MORE THAN YOU AGREE TO

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us about your choices and how we will implement your decisions.

In these cases, you have the right and choice to tell us:

• Share information with family, friends or others involved in your care
• Share information in a disaster relief situation
• Tell us not to share your information if you are unconscious, we may go ahead and share your information if we believe it is in your best interest
• Tell us not to share your information if you are conscious, you may choose to not do so
• Share information in the law

How do we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as patient safety and healthcare research. We have to meet certain conditions in the law before we can share your information for these purposes. For more information see: hhs.gov/ocr/privacy/hipaa/understanding/privacy-notification.html

Help with public health and safety issues. We can share health information about you for certain situations such as:

• Preventing disease
• Helping to control and prevent epidemics
• Reporting adverse reactions to medications
• Reporting suspected abuse, neglect, or domestic violence
• Preventing or reducing a serious threat to anyone’s health or safety
• Health or safety issues. Mission Health participates in electronic health information exchanges that allow the sharing of your medical information for appropriate purposes. Your information will be shared unless you have requested that we do not.
• Comply with the law. We will share health information about you if state or federal laws require it, including laws relating to crime and national security, or when required by public health authorities.

You can complain if you feel that your rights have been violated by contacting us:

D.C. 20201, calling 1-877-696-6775, or visiting hhs.gov/ocr/privacy/hipaa/complaints/

For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all health information we keep about you. You will be told of a change either directly or by posting a new version of the notice on our website.

OTHER INFORMATIONS FOR NOTICE

When you Follow This Notice

This Notice applies to Mission Imaging Services, LLC, Independent Diagnostic Testing Facilities, a member of Mission Health System.

Mission Health System, Inc. ("Mission Health") is a regional healthcare system made up of separate legal entities providing different levels and types of medical care and related services in varying locations. Mission Health provides services in varying settings, including (1) inpatient, acute care and related services, (2) hospital-based outpatient department or ambulatory services; (3) physician practices or clinics that may include rural health clinics or federally qualified healthcare centers; (4) other outpatient medical services (such as laboratory services); and (5) acute care settings, including but not limited to, inpatient rehabilitation, Acute, PACE, home- and long-term care. This Notice applies to services provided by Mission Health in each of these settings.

The Notice of Privacy Practices applies to the care and treatment you receive at Mission Health facilities that are designated as an “affiliated covered entity” under the federal law known as HIPAA that protects the privacy and security of your medical information. The Mission Health affiliated covered entities include the following: Mission Hospital, Inc., Blue Ridge Regional Hospital, Inc., The McDowell Hospital, Inc., Transylvania Community Hospital, Inc., Angel Medical Center, Inc., Avenu Health, Inc., Highlands-Raspy River Hospital, Mission Medical Associates, Inc., Mission Imaging Services, LLC, Transylvania Physician Services, Inc., Highlands-Cashiers Physician Services, Inc., and Transylvania Healthcare CarePartners, Inc., which provide services, such as physicians and/or staff persons, that are not employed by a Mission Health facility and provided services as part of the Mission Health facility and/or participate in the Mission Health Partners network or Accountable Care Organization (ACO), to provide care along with Mission Health through our “organized health care arrangement.” HIPAA and many of these entities are also referred to as “we” in this Notice.

Your Medical Record

Mission Imaging Services, LLC may share your electronic or other medical information with providers who need the information to provide care or treatment to you, for payment purposes, or for healthcare operations, or other legal purposes.

NON-DISCRIMINATION

Mission Health System, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see Mission’s Notice of Non-Discrimination or contact the Office of Patient Experience at 828 213-1210.