

Bio-Magnetic Resonance, Inc.

30781 Stephenson Highway

MADISON HEIGHTS, MI 48071

(248) 585-5115

FAX (248) 585-0234

The Imaging Center

15670 Southfield Road

ALLEN PARK, MI 48101

(313) 294-2897

FAX (313) 294-2915

Bio-Magnetic Resonance, Inc.

25100 Kelly Road

ROSEVILLE, MI 48066

(586) 445-4900

FAX (586) 445-4902

Biomagnetic Imaging Center

960 River Centre Drive

PORT HURON, MI 48060

(810) 966-8523

FAX (810) 966-5056

The Imaging Center

4447 Talmadge, Suite H

TOLEDO, OH 43623

(888) 674-8653

FAX (888) 674-8650

(888) MRI-TODAY

(674-8632)

www.biomagmri.com

LOCATION _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR OBLIGATION TO OUR PATIENTS:

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA). This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means any of your written and oral health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

Uses and Disclosures of Protected Health Information

We may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless we have obtained your authorization or the use or disclosure is otherwise permitted by the HIPPA Privacy Regulations or State law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally or by facsimile.

Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health and any related services. This includes the coordination or management of your health care with a third-party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription, to a laboratory to order a blood test, or to a home health agency that is providing care in your home. We may also disclose protected health information to other physicians who may be treating you or consulting with your physician with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

Payment. Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the treatment that we recommend. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to determine the medical necessity of the services, or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider’s payment activities.

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Operations: We may disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the practice and to provide quality care to all patients. Health care operations include:

- Quality assessment and improvement activities.
- Employee review activities.
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so. We will disclose health information and treatment options only to parents or guardians of minor children unless you give us prior written authorization to disclose to another party.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to such use or disclosures. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick-up medical supplies, x-rays, MRI films, or other similar forms of health information.

Required by Law: We may use or disclose your health information when we are required so by law. For example we may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence. We may also disclose your health information to the extent necessary to avert a serious threat to your health or safety or the general public health or safety.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, such as voice mail, messages, post-cards or letters.

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YOUR RIGHTS AS A PATIENT:

Access: You have the right to look, inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and our practice use for making decisions about you.

Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or for the use in, a civil, criminal or administrative action or proceeding; and protected health information. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this notice. If you request chart copies we will charge you \$0.50 for each page, \$20.00 per hour of staff time. For MRI copies you will be charged \$10.00 per film. Postage will be charged if copies are mailed to you.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for our purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 months, but not before April 14, 2003. If you request the accounting more than once in a 12-month period, we may charge you a reasonable fee for these additional requests.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing and must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

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QUESTIONS AND COMPLAINTS

If you have any questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer & Privacy Contact: Patricia Sanford
Telephone: (248) 585-5115 Fax: (248) 585-0234

E-Mail: psanford@biomaginc.com

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Madison Heights, Michigan 48071