

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Notice of Privacy Practices

Effective Date: September 2, 2008

Tolland Imaging Center, LLC

**For questions, please contact:
Privacy Officer,
Tolland Imaging Center, LLC
6 Fieldstone Commons Ste. E
Tolland, CT 06084**

Purpose Of The Notice Of Privacy Practices

This Notice of Privacy Practices (the "Notice") explains how Tolland Imaging Center, LLC may use and disclose your Protected Health Information (PHI). It also describes your rights to access and control your PHI, as well as certain obligations we have regarding the use and disclosure of your PHI.

Your "PHI" is information about you that is created and received by us, including information that may reasonably identify you and that relates to your past, present, or future physical or mental health or condition, or information related to payment for your health care.

We are required by law to maintain the privacy of your PHI. We are also required by law to give you this Notice of our legal duties and privacy practices with respect to your PHI and to follow the terms of the Notice that are currently in effect. However, we may change our Notice at any time. The revised Notice applies to all of the PHI on you that is maintained by us. You will not automatically receive a revised Notice. If you would like to receive a copy of any revised Notice, you can contact Tolland Imaging Center, LLC or ask at your next appointment.

How We May Use Or Disclose Your PHI

Tolland Imaging Center, LLC will ask you to sign a consent form that allows them to use and disclose your PHI for treatment, payment, and

health care operations. You will also be asked to acknowledge receipt of this Notice.

Tolland Imaging Center, LLC is an affiliate of ECHN. Therefore, if permitted by law, it may be necessary to share patient information with other affiliates of ECHN, such as Manchester Memorial Hospital and Rockville General Hospital, Inc. for purposes of scheduling, treatment, and certain health care operations.

Below is a description of some of the different ways that we may use or disclose your PHI. Even if not listed below, Tolland Imaging Center, LLC may use and disclose your PHI as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to your PHI to those persons in our workforce who need access to carry out their duties. In addition, if required, we will make reasonable efforts to limit the use and disclosure of your PHI to the minimum amount necessary to accomplish the purpose for which it is needed.

- **For Treatment** – We may use and disclose your PHI to provide you with medical treatment and related services. Your PHI may be used by and disclosed to all health care professionals involved in your treatment. If we are permitted to do so, we may also disclose your PHI to individuals or facilities that will be involved with your care and for other treatment reasons. We may also use or disclose your PHI in an emergency situation.

- **For Payment** – We may use and disclose PHI about you so that we may bill for treatment and related services you receive and can collect payment from you, an insurance company, or another party. For example, we may need to give information about treatment you receive to your health plan so that the plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other health care facilities for purposes of payment as permitted by law.
- **For Health Care Operations** – We may use and disclose your health information as necessary for the operations of Tolland Imaging Center, LLC such as quality assurance and improvement activities, reviewing the competence and qualifications of health care professionals, medical review, legal services and auditing functions, and general administrative activities at Tolland Imaging Center, LLC.
- **Business Associates** – Some services may be provided by our business associates, such as billing services, transcription companies, or legal or accounting consultants. We may disclose your PHI to our business associates so that they can perform the job we have asked them to do. To protect your PHI, we require them to enter into a written contract that requires them to appropriately protect your information.
- **Appointment Reminders** – We may use and disclose PHI to contact you as a reminder that you have an appointment at Tolland Imaging Center, LLC.
- **Treatment Alternatives And Other Health-Related Benefits And Services** – We may use and disclose PHI to tell you about possible treatment options, and to tell you about health-related benefits, services, or medical education classes that may be of interest to you.
- **Individuals Involved In Your Care Or Payment For Your Care** – We may disclose your PHI to a family member, a friend, or any other person you identify if we get your permission. If we are unable to get your permission, we may disclose PHI that relates to the person’s involvement in your health care if we determine that it is in your best interest based on our professional judgement, or if

we reasonably infer that you would not object. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- **Public Health Activities** – We may disclose your PHI to a public health authority that is authorized by law to collect or receive such information, such as for the purpose of preventing or controlling disease, injury, or disability; reporting births, deaths, or other vital statistics; reporting child abuse or neglect; notifying individuals about recalls of products they may be using; or notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- **Health Oversight Activities** – We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, accreditations, licensures, and disciplinary actions.
- **Judicial And Administrative Proceedings** – If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to your authorization or in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process if the law permits such disclosure.
- **Law Enforcement** – We may disclose your PHI for certain law enforcement purposes if permitted or required by law. For example, we may disclose your PHI to report gunshot wounds, emergencies, or suspicious deaths; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.
- **Coroners, Medical Examiners, Funeral Directors, And Organ Procurement Organizations** – We may release your PHI to a coroner, medical examiner, or funeral director, or if you are an organ donor, to an organization involved in implementing the donation of organs and tissues.
- **To Avert A Serious Threat To Health Or Safety** – We may use and disclose your PHI when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. Any disclosures, however, would be to someone able to help prevent the threat from being carried out.

- **Government Functions** – We may disclose your confidential information to various departments of the government, such as the U.S. military or the U.S. Department of State.
- **Workers' Compensation** – We may use or disclose your PHI for workers' compensation or related programs.

Special Rules Regarding Disclosure Of Psychiatric, Substance Abuse, And HIV-Related Information, As Well As Disclosures Of Information On Minors

For disclosures of PHI relating to care for psychiatric conditions, substance abuse, or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant, or other legal process unless you sign a special authorization or a court orders the disclosure.

-Mental Health Information. Certain mental health information may be disclosed for treatment, payment, and health care operations as permitted or required by law. Otherwise, we will only disclose such information pursuant to an authorization or court order, or as otherwise required by law. For example, all communications between you and a psychologist, psychiatrist, social worker, and certain therapists and counselors will be privileged and confidential in accordance with Connecticut and Federal law.

-Substance Abuse Treatment Information. If you are treated in a substance abuse program, Federal law protects the confidentiality of patient records containing information about alcohol and drug abuse. These records may be disclosed:

1. if you consent in writing
2. if there is a court order; or
3. if they are made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program-evaluation purposes.

Violations of these Federal laws by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law does not protect any information about a crime committed by a patient in a substance abuse program or about a crime against a person who works for the program or about any threat to commit such a crime. Federal laws do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

-HIV-Related Information. We may disclose HIV-related information as permitted or required by Connecticut law. For example, HIV-related information may be disclosed without your authorization for treatment purposes, certain health oversight activities, when pursuant to a court order, or in the event of certain exposures to HIV by personnel of Tolland Imaging Center, LLC, another person, or a known partner.

-Minors. We will comply with Connecticut law when using or disclosing PHI of minors. For example, if you are a minor who does not have a personal representative, you may have the authority to consent to the use and disclosure of your health information related to HIV/AIDS, venereal disease, abortion, outpatient mental health treatments, or alcohol/drug dependence.

When We May Not Use Or Disclose Your PHI

Except as described in this Notice, or as permitted by Connecticut or Federal law, we will not use or disclose your PHI without your written authorization. Your written authorization will specify particular uses or disclosures that you choose to allow. Under certain limited circumstances, Tolland Imaging Center, LLC may condition treatment on the provision of an authorization, such as for research related to treatment. If you do authorize us to use or disclose your PHI for reasons other than treatment, payment, or health care operations, you may revoke your authorization at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by the authorization, except where we have already relied on the authorization.

Your Health Information Rights

You have certain rights with respect to your PHI. The following briefly describes how you may exercise these rights.

-Right To Request Additional Restrictions – You may request restrictions on our use and disclosure of your PHI for the treatment, payment, and health care operations purposes explained in the notice. While we consider all requests for restrictions carefully, we are not required to agree to a requested restriction.

-Right To Receive Confidential Communications – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

-Right To Inspect And Copy Your PHI – You have the right to obtain a copy of your PHI and to inspect it, for as long as the protected health information is maintained by Tolland Imaging Center, LLC. To inspect and copy the PHI, you must submit your request in writing to Tolland Imaging Center, LLC. We may charge a fee for the cost of preparing, copying, or mailing the information, or for other supplies associated with your request. We may deny, in whole or in part, your request to inspect and copy your PHI under certain circumstances.

- Right To Amend Your PHI- You have the right to request an amendment to your PHI for as long as the information is maintained by or for Tolland Imaging Center, LLC. To inspect and copy the PHI, you must submit your request in writing to Tolland Imaging Center, LLC and must state the reason for the requested amendment. You can obtain a Request for Amendment form from Tolland Imaging Center LLC's Privacy Officer. If we deny your request for amendment, we will give you a written denial, including the reasons for the denial and your right to submit a written statement disagreeing with the denial.

- Right To Receive An Accounting Of Disclosures Of PHI- You have the right to request an accounting of certain disclosures. This accounting is a list of certain disclosures of your PHI by Tolland Imaging Center, LLC or by others on our behalf. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning on or after September 2, 2008 that is within six (6) years of the date of your request. The first accounting provided within a twelve-month period will be free. We may charge you a reasonable, cost-based fee for each future request for an accounting within a single twelve-month period.

- Right To Obtain A Paper Copy Of Notice – You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting Tolland Imaging Center LLC's Privacy Officer.

- For More Information Or Complaints – If you want more information about your privacy rights, or if you do not understand your privacy rights or are concerned that we have violated your privacy rights, you may contact our Privacy Office. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. We will

not take any action against you if you file a complaint with the Secretary or with us. You may contact our Privacy Office at the address below:

Privacy Officer
Tolland Imaging Center LLC
6 Fieldstone Commons, Ste. E
Tolland, CT 06084
(860) 896-4848