

**LAKE REGIONAL IMAGING PARTNERS, LLC  
1075 NICHOLS ROAD  
OSAGE BEACH, MO 65065**

**SUMMARY OF NOTICE OF PRIVACY PRACTICES**

*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.*

We have summarized the attached Notice of Privacy Practices on this first page. For a complete description of your rights and our responsibilities, please review this entire notice.

**Your Rights**

Your rights related to your medical information are as follows:

- The right to request restrictions on the way we use your medical information;
- The right to request and receive information from us in a different way or manner;
- The right to review your medical information;
- The right to request that we amend your medical information; and
- The right to know how we have used or disclosed your medical information.

We will not use or disclose your health information without your authorization, except as otherwise described in this Notice of Privacy Practices.

**What We Are Required to Do**

It is our responsibility to:

- Protect your medical information;
- Provide you with our Notice of Privacy Practices; and
- Abide by the terms of this Notice.

We can change our privacy practices. If we decide to change them, we will change this Notice and post the changes in our clinics and on our website at [www.lakeregional.com](http://www.lakeregional.com).

If you have any questions and/or would like additional information, please contact the Privacy Officer at Lake Regional Health System, 54 Hospital Drive, Osage Beach, MO 65065 or contact (573)348-8796.

## LAKE REGIONAL IMAGING PARTNERS, LLC

### NOTICE OF PRIVACY PRACTICES

Effective Date: 04/14/03

Revised: 09/15/13

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.

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Lake Regional Imaging Partners, LLC is required by law to maintain the privacy of health information that identifies you called protected health information ("PHI"), and to provide you with notice of our legal duties and privacy practices regarding PHI. Lake Regional Imaging Partners, LLC is committed to the protection of your PHI and will make reasonable efforts to ensure the confidentiality of your PHI, as required by statute and regulation. We take this commitment seriously and will work with you to comply with your right to receive certain information under HIPAA.

If you have any questions about this notice, please contact the centers Privacy Officer at Lake Regional Health System, 54 Hospital Drive, Osage Beach, MO 65065, or (573) 348-8796 Monday through Friday from 8:00 a.m. - 3:00 p.m.

#### WHO WILL FOLLOW THIS NOTICE.

This notice describes our centers practices and that of

- Any health care professional authorized to enter information into your medical chart who is a member of the Lake Regional Imaging Partners, LLC workforce.
- All departments and units of Lake Regional Imaging Partners, LLC.
- All affiliated entities within Lake Regional Imaging Partners, LLC with whom we share information.

All Lake Regional Imaging Partners, LLC entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share PHI for treatment, payment or center operations purposes described in this notice.

#### OUR PLEDGE REGARDING PHI:

We understand that PHI about you and your health is personal. We are committed to protecting PHI about you. We create a record of the care and services you receive at the center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- make sure PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- follow the terms of the notice that is currently in effect.

#### HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU.

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, the Radiologist who is reading your chest exam may need to know if you have had any prior lung disease or surgeries in the past. Different areas of the center also may share PHI about you in order to coordinate such things as prescriptions, or lab work.
- **For Payment.** We may use and disclose PHI about you so that the treatment and services you receive at the center may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about x-rays you received at the center so your health plan will pay us or reimburse you for the x-rays. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations.** We may use and disclose PHI about you for centers operations. These uses and disclosures are necessary to run the center and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many of the centers patients to decide what additional services the center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other center personnel for review and learning purposes. We may also combine the PHI we have with PHI from other imaging centers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning the identity of specific patients.

- **Treatment, Payment and Health Care Operations of Third Parties:** We may share your PHI with other health care providers and health plans for their treatment, payment and certain health care operations purposes. For example, we may share PHI with other health care providers that have a relationship with you for the purposes of their accreditation surveys or training.

- **You or Your Personal Representative.** We may disclose your PHI to you. We may also disclose the PHI of a minor (or other individual who is legally represented by another person) to the individual's personal representative if the PHI relates to the scope of the representation.
- **Appointment Reminders.** We may use and disclose PHI to contact you or a family member to remind you that you have an appointment for treatment or medical care at the center.
- **Treatment Alternatives.** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Related Benefits and Services.** We may use and disclose PHI to tell you about health related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, in certain emergency situations 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.
- **As Required By Law.** We will disclose PHI about you under certain circumstances when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure, however, would only be to someone able to help prevent the threat.
- **Business Associates.** We may use or disclose your PHI to an outside company that assists us in operating our center. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf. All of these business associates are required to maintain the privacy and confidentiality of your PHI, and are not allowed to use or disclose any information other than as specified in our contract.
- **Abuse or Neglect.** We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.
- **Employer Sponsored Health and Wellness Services.** We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care.
- **Organized Health Care Arrangement.** Lake Regional Imaging Partner, LLC currently participates in an organized health care arrangement ("OHCA") with other health care providers in the community, including the University of Missouri Health Care ("MU Health Care"). A list of participants in the OHCA can be found at <https://lakeregional.com/OHCA>. We do this to improve the care provided to patients and the community, ensure the provision of appropriate and quality healthcare, and help minimize the growth of healthcare costs. These OHCA participants share access to MU Health Care's electronic medical record system and may under certain circumstances, access your medical information for treatment, payment, or health care operations purposes and other permitted purposes without seeking your advance authorization, but only to the extent permitted by law.
- **Shared Medical Record/Health Information Exchanges.** We maintain PHI about our patients in shared electronic medical records that allow the Lake Regional Imaging Partners, LLC associates to share health information. Lake Regional Imaging Partners, LLC participates in an electronic Health Information Exchange (HIE) provided through the Tiger Institute Health Alliance. The HIE facilitates the transmission of your PHI among providers, health plans, or other organizational members of the HIE that are involved in the treatment or payment of your care. The HIE stores your data in a secured repository for members. The health care professionals that access your PHI have established a treatment relationship with you. In order for health care providers to provide the most comprehensive care for patients, the Tiger Institute Health Alliance HIE will join other HIEs and Health Networks that may store and contain your PHI. The HIE includes all health information obtained during your care at Lake Regional Imaging Partners, LLC. Patient health information such as illness or injuries that you may have, your medical history (including hospitalizations), test results (like x-rays or blood tests), immunizations, and medication you are taking or have taken. Also included are diagnosis (diabetes, HIV/AIDS, sexually transmitted diseases) genetic testing, mental and behavioral health treatment records, and drug and alcohol treatment notes.
- **As our patient, your health information is automatically available in the HIE.** If you do not wish to have your information shared in the HIE, you must opt-out of the HIE in writing by requesting, completing and signing a form available at any registration area.
- The HIE may also provide critical information about you for other lawful purposes, such as educating providers about who manages the care of others like you.
- When your specific consent or authorization is required by law to disclose your medical records to others, LRHS will not disclose that information through the HIE without first obtaining written consent.

**SPECIAL SITUATIONS**

- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release PHI about you as properly required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.
- **Public Health Risks.** We may disclose PHI about you for public health activities under certain limited circumstances. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested
- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime under certain limited circumstances;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the center; and

- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients of the center to funeral directors as necessary for them to carry out their duties.
- **Specialized Government Functions.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose PHI about you to authorized federal officials so they may provide protection to the President or other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**OTHER USES OF PHI THAT REQUIRE YOUR CONSENT**

- If you have paid for services out-of-pocket, in full, you have the right to request by written authorization that we do not disclose PHI related solely to those services to a health plan. We must accommodate your request, except when we are required by law to make a disclosure.
- Uses and disclosures of psychotherapy notes require your written authorization.
- The use and disclosure of PHI for marketing purposes requires your written authorization, unless the communication is in the form of (a) a face-to-face encounter or (b) a promotional gift of nominal value.
- Disclosures that constitute the sale of PHI require your written authorization, and any such authorization must identify that the disclosure will result in remuneration to us.

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization, unless (1) we have already taken action in reliance upon the authorization you have provided; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and other law(s) provides the insurer the right to contest a claim under the policy. You understand that we are required to retain our records of the care that we provided to you.

**YOUR RIGHTS REGARDING PHI ABOUT YOU.**

You have the following rights regarding PHI we maintain about you:

➤ **Right to Access to Your Own Health Information.** You have the right to inspect and copy most of your protected health information for as long as we maintain it as required by law. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee. Please contact the Health Information/Medical Records Department with any questions or requests.

➤ **Right to Inspect and Copy.** You have the right to inspect and copy certain PHI that may be used to make decisions about you. Usually, this includes medical and billing records, but does not include psychotherapy notes or information that we have compiled for use in a lawsuit or administrative proceeding.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at Lake Regional Health System, 54 Hospital Drive, Osage Beach, MO 65065. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Except under certain limited circumstances, another licensed health care professional chosen by the center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

➤ **Right to Amend.** If you feel that certain PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the center.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at Lake Regional Health System, 54 Hospital Drive, Osage Beach, MO 65065. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for the center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any denial we issue of any request to amend information shall be in writing. If we deny your request to amend information, you may submit a written statement of disagreement that may be appended to that portion of your PHI which is the subject of the amendment. We

retain the right to submit a written rebuttal statement to your written statement of disagreement which may also be appended to your PHI.

➤ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we have made of PHI about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address set forth above. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information to a family member about an x-ray that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

We will agree to restrict disclosure of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid Lake Regional Imaging Partners, LLC for in full. For example, if a patient pays for a service completely out of pocket and asks Lake Regional Imaging Partners, LLC not to tell his/her insurance company about it, we will abide by this request.

To request restrictions, you must make your request in writing to the Privacy Officer at the address set forth above. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. If we agree to your request, our agreement will be communicated to you in writing. We reserve the right to terminate any previously agreed to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

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

To request confidential communications, you must make your request in writing to the Privacy Officer at the address set forth above. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to be Notified of a Breach.** You have the right to be notified in the event we (or one of our Business Associates) discover a breach of unsecured protected health information involving your PHI, unless there is demonstration, based on a risk assessment, that there is a low probability the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to protect yourself from any harm.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.  
You may obtain a copy of this notice at our website, [www.lakeregional.com](http://www.lakeregional.com).  
To obtain a paper copy of this notice, please contact the Reception Desk at Lake Regional Imaging Partners, LLC Monday through Friday from 8:00 a.m. - 3:00 p.m.

#### **CHANGES TO THIS NOTICE**

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the center. The notice will contain on the first page, in the top left hand corner, the effective date. In addition, each time you visit the center for treatment or health care services, we will make available to you upon request a copy of the current notice in effect.

#### **COMPLAINTS**

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. To file a complaint with Lake Regional Imaging Partners, LLC, contact the Privacy Officer at the address set forth above. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**