

THE CONSUMER'S HEALTH INFORMATION RIGHTS:

This facility maintains a medical record for you containing medical information concerning you. With this in mind, you have the right to:

- Request a restriction on use and disclosure of health information, although the facility is not required to comply (45 CFR 164.522)
- Obtain a copy of this notice
- Inspect and receive a copy of your medical record (45 CFR 164.524)
- Amend your medical record (45 CFR 164.528)
- Obtain an accounting of disclosures of your medical record (45 CFR 164.528)
- Request your medical record by alternative means or location
- Revoke your authorization to use or disclose your health information except to the extent that action has already been taken

THIS FACILITY'S RESPONSIBILITIES:

This facility's mission of quality service and respect of the individual has always taken into account protecting health information privacy. Our responsibilities are to:

- Maintain the privacy of your health information
- Provide you this notice of health information practices
- Notify you if we are unable to satisfy a request
- Accommodate all reasonable requests while maintaining quality care and respect for you
- We will not use or disclose your health information without your approval except as stated in this notice
- When health information is disclosed as above, it will be disclosed at the minimum necessary level.

EXAMPLES OF PERMITTED TYPES OF USES AND DISCLOSURES OF HEALTH INFORMATION:

This facility may use or be required to use your health information without your authorization or consent for normal business activities as follows:

For Care and Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information from time to time to another physician or health

care provider (for example, a specialist or laboratory) who, at the request of your physician, becomes involved in your care. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

For Billing and Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities we may need to undertake before your health care insurer approves or pays for the health care services recommended for you, such as determining eligibility or coverage for benefits. For example, obtaining approval for a biopsy might require that your relevant protected health information be disclosed to obtain approval to perform the procedure at a particular facility. This health information is restricted to that which is needed for the financial transactions.

For Health Care Operations: In order to provide quality care, healthcare providers at this facility may use your health information, for example, to analyze the care, treatment, and outcomes of your medical case and of others. This health information will be used to continually improve the care of the services that we provide to you.

For Business Associates: In order to provide quality care, this facility requires business services such as pharmacy (nuclear), medical equipment, medical laboratories, information technology, etc.. These services will have use of your health information as it pertains to their service delivery. Also, business associates must follow our standards for protecting your health information and sign a business associate agreement. In addition, the business associates must follow the HIPAA Security Rule as specified in the Health Information Technology for Economic and Clinical Health Act (HITECH)/Energy and Commerce Recovery and Reinvestment Act, Subtitle D., Section 4401.

For Notification: We may use or disclose health information, such as your general condition, to notify or assist in notifying a family member or person responsible for your care.

For Communication: We may use or disclose health information relevant to your care to family member's or those that you deem responsible for your care on a need to know basis.

For Research: We may disclose protected health information to researchers if they have appropriate consent forms and the

research has been approved by an institutional review board. The researchers will be held to this facility's health information privacy standards.

For Coroners, Funeral Directors, and Organ Donations:

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaver organ, eye or tissue donations.

For Marketing Purposes: We may contact you to provide information on appointment reminders (by means of a phone call or mailing a postcard appointment reminder to your home address) or alternative treatments and services that may benefit you given your medical condition. In addition, a covered entity or business associate shall not directly or indirectly receive remuneration in exchange for any protected health information of an individual unless the covered entity obtained from the individual, in accordance with section 164.508 of title 45, Code of Federal Regulations, a valid authorization that includes, in accordance with such section, a specification of whether the protected health information can be further exchanged for remuneration by the entity receiving protected health information of that individual. Exceptions under HITECH include, when the purpose of the exchange is for research, public health, treatment, health care operations, providing an individual with a copy of their protected health information, and for remuneration that is provided by a covered entity to a business associate for activities involving the exchange of protected health information that the business associate undertakes on behalf of and at the specific request of the covered entity pursuant to a business associate agreement. The price charged must reflect not more than the costs of preparation and transmittal of the data for such purpose.

For Fundraising: We may contact you for fundraising efforts that are aligned with the mission of this facility.

For the Food and Drug Administration: As requested or required by the FDA, we may disclose health information relative to an adverse health condition related to food, food supplements, product and product defects related to food, or post marketing surveillance information to allow product recalls, repairs, or replacements.

For Workers Compensation Issues: In compliance with Worker's Compensation laws, health information may be revealed to the extent necessary to comply with the law and your individual case.

For Public Health Requirements: As required by law, health information may be disclosed to public health or legal authorities for the jurisdiction of disease, injury, or disability prevention or control.

For Correctional Institutions: Should you be an inmate in a correctional institution, health information may be disclosed to the institution or its agents that which would be necessary for your health and safety and the health and safety of other individuals.

For Law Enforcement Agencies: Health information may be disclosed to law enforcement agencies for purposes required by law or subpoena.

For Judicial and General Administrative Proceedings: Patient health information may be released per minimum necessary requirements for proceedings.

For Health Oversight : Patient health information may be used by health oversight agencies for activities such as audits, inspections, and licensure activities.

For Specialized Government Functions: In the event that appropriate military authorities require information, it may be released at the minimum necessary level.

For Victim of Abuse, Neglect, and Domestic Violence: Information may be released to social service agencies or protective services in order to protect an individual.

For Parental Access: State laws concerning minors permit or require certain disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State (or, if you are treated by us in another state, the laws of that state) and will make disclosures following such laws.

Other uses and disclosures are to be made with your written authorization and you may revoke such authorization at any time.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE:

You will be asked to provide a signed acknowledgment of receipt of this Notice, to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use/disclose your protected health information in accordance with law.

TO REQUEST FURTHER INFORMATION OR ASK QUESTIONS:

If you would like further information or have questions, this facility, Weinstein Imaging Associates, employs a HIPAA Compliance Officer who can be reached at 412-441-1161.

If you believe that your privacy rights have been violated, you can file a complaint with our Compliance Officer or with the Secretary of Health and Human Services. There will be no penalty or retaliation for filing a complaint.

WEINSTEIN IMAGING ASSOCIATES, P.C.

Shadyside location:
5850 Centre Avenue
Pittsburgh, PA 15220
412-441-1161

South Hills location:
1910 Cochran Road Suite 740
Pittsburgh, PA 15220
412-440-6999

North Hills location:
5500 Corporate Drive Suite 100
Pittsburgh, PA 15237
412-630-2649

WEINSTEIN IMAGING ASSOCIATES, P.C. NOTICE OF HEALTH INFORMATION PRACTICES

Effective February 17, 2010

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this Notice or require additional explanation, our HIPAA Compliance Officer can be reached by calling 412.441.1161.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). It describes how we may use or disclose your protected health information, with whom it may be shared, and the safeguards we have in place to protect it. This Notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our Practice except when the release is required or authorized by law or regulation.

WHAT IS HEALTH INFORMATION:

Each time that a service is rendered or a procedure is done, data and information are collected. This is health information or what is commonly referred to as information for or in the medical record or the patient record. Accurate, credible, and timely data and information are used by this facility as the basis for planning your care, as a means of having multiple healthcare providers know about your current health status, as a health legal document, as a record for billing purposes, as a source of data for research, planning, and marketing, as a source of required information for public health officials, and as a means to continue to improve the care that we provide. At this facility, we have always, and will continue to protect the privacy of your health information and the dignity of you as an individual. On July 6, 2001, the U.S. Federal Government passed compliance regulations that mandate all healthcare facilities, health plans, and clearinghouses to protect health information and inform consumers of the healthcare information practices of the facility.