



NOTICE OF PRIVACY PRACTICES

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We are committed to protecting the privacy of your medical information. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. We are required to give you this notice and of our legal duties, our privacy practices, and your rights, and we must follow the terms of this Notice. This notice applies to information and records regarding your healthcare maintained at Lackawanna Mobile Diagnostic Services, including medical records and payment information. This notice also applies to all members of Lackawanna Mobile Diagnostic Services' workforce including employees, officers, contractors, sub-contractors, agents, affiliates, students and volunteers. When we disclose information to other persons and companies to perform services for us, we require them to protect your privacy also.

USES AND DISCLOSURES

For TREATMENT For example, we would provide your primary physician with the results of your x-ray scan. We may also release information to doctors, nurses, and others involved in your treatment.

For PAYMENT For example, we may contact your insurer to verify what benefits you are eligible for, obtain prior authorization, and tell them about your treatment to make sure they will pay for your care. We will also use or disclose information to obtain payment from third parties that may be responsible for payment, such as family members, or to bill you.

For HEALTH CARE OPERATIONS For example, we give information to Lackawanna Mobile Diagnostic Services staff to review the quality of care and for performance improvement and education. We also use information for business planning, and disclose information to defend claims.

To OTHER HEALTH CARE PROVIDERS for their treatment, payment and operations relating to care provided by them.

To INDIVIDUALS INVOLVED IN YOUR CARE, or PAYMENT FOR YOUR CARE such as friends or family, unless you ask us not to.

For DISASTER RELIEF We may disclose information to disaster relief organizations, such as the Red Cross, so they can contact your family.

For APPOINTMENTS to remind you of an appointment.

For FUNDRAISING We currently do not participate in fundraising activities. In the future, we may disclose your contact information and the dates of treatment, but not your treatment information for fundraising purposes. If we do, you will be provided with instructions on how to opt out of future fundraising activities.

For MARKETING Unless you object, we may use or disclose your protected health information to provide you with marketing and promotional information on treatment options, research initiatives, and alternative locations for treatment.

With Your WRITTEN AUTHORIZATION You may revoke any authorization at any time, in writing, but only as to future uses and disclosures, and only if we have not already acted in reliance of the authorization. *We may use or disclose medical information for purposes not described in this Notice only with your written authorization.*

OTHER USES & DISCLOSURES WITHOUT AUTHORIZATION

As Required By LAW to the extent and under the circumstances provided in such law.

To PUBLIC HEALTH AUTHORITIES to keep statistical records such as births and deaths, to prevent or control disease (such as cancer or tuberculosis), injury or disability, to report abuse or neglect, to report adverse events or surveillance related to food, medications or defects or problems with products, to notify persons of recalls, repairs or replacements 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, and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as required or authorized by law.

For HEALTH OVERSIGHT ACTIVITIES to health oversight agencies for activities authorized by law, including audits, civil, administrative or criminal investigations, licensure or disciplinary actions, and monitoring of compliance with law.

For JUDICIAL PROCEEDINGS in response to court or administrative orders or subpoenas, discovery requests or other process after reasonable efforts to notify you or obtain a protective order.

To LAW ENFORCEMENT to identify or locate suspects, fugitives or witnesses, or victims of crime (with your consent in some circumstances), to report deaths from crime, crimes on the premises, or, in emergencies, the commission of a crime.

To CORONERS, MEDICAL EXAMINERS and FUNERAL DIRECTORS to identify a deceased person, determine cause of death, or as reasonably necessary to permit them to carry out their duties.

To ORGAN DONATION ORGANIZATIONS for organ procurement, eye or tissue transplantation or an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

For RESEARCH We do not currently participate in research activities. In the event that we participate in research activities in the future, research projects conducted by us will be approved through a special review process to protect patient safety, welfare and confidentiality. Your protected health information may be important to further research efforts and the development of new knowledge. Unless you object, we may use and disclose protected health information about our patients for research purposes.

To PREVENT A SERIOUS THREAT TO HEALTH or SAFETY to the target of the threat, someone in a position to prevent it, or to law enforcement officials if you admit to a violent crime or escape from jail.

To MILITARY and VETERANS if you are in the armed forces, as required by command authorities.

For NATIONAL SECURITY, INTELLIGENCE ACTIVITIES, PROTECTIVE SERVICES, for the PRESIDENT and OTHERS, and STATE DEPARTMENT PURPOSES to officials as authorized by law to perform their duties and conduct investigations or make medical suitability determinations for Foreign Service.

To CORRECTIONAL FACILITIES, as to inmates, for the health and safety of inmates and others.

For WORKERS COMPENSATION or similar programs, as required by the applicable laws.

PATIENT RIGHTS

To exercise these rights contact the person listed under the CONTACT section.

To Obtain A Copy Of This Notice contact the Privacy Officer listed below.

To Request a Restriction on Certain Uses and Disclosures We are not required to agree with your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.

To Inspect and Request a Copy of Your Health Record except in limited circumstances defined by federal regulations. A fee will be charged to copy your record. If you are denied access to your health record for certain reasons, we will tell you why and what your rights are to challenge the denial.

To Request an Amendment to Your Health Record Your request must be in writing and you must provide a reason for your request. We may deny your request if the information was not created by us, is not a part of the information which you would be permitted to inspect and copy or if the information is accurate and complete. Even if we accept your request, we do not delete any information already in your records.

To Request an Accounting of Disclosures of Your Health Information for purposes other than treatment, payment or health care operations; disclosures to you or otherwise authorized by you; disclosures incidental to permitted disclosures and certain other disclosures excluded by regulation.

To Request Alternate Communications You may request that we contact you via alternate mechanism (i.e., fax versus regular mail) or at an alternate location (address or phone number). Your request must be in writing and, if reasonable, we will comply with this request.

CONTACT INFORMATION

To exercise any of the above rights, or if you have any questions regarding our Privacy Practices, contact our Privacy Officer at:

Lackawanna Mobile Diagnostic Services
1229 Monroe Avenue
Dunmore, PA 18509
Phone: 570.346.5115 Fax: 570.346.5121

Individuals who file a complaint will not face any type of retaliation or retribution. You also have the right to file a complaint with the Department of Health and Human Services at:

Director, Office for Civil Rights
US Department of Health & Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201
Hotline: (800) 368-1019
Email: ocrmail@hhs.gov

CHANGES TO THIS NOTICE

Lackawanna Mobile Diagnostic Services reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website at www.lmxr.com. A copy of the current Notice in effect will be available upon request.

EFFECTIVE DATE

June 1, 2005