

ALLIANCE MEDICAL GROUP, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AS A PATIENT OF ALLIANCE MEDICAL GROUP, INC. MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR PRIVACY OFFICER AT THE ADDRESS OR PHONE NUMBER AT THE BOTTOM OF THIS NOTICE.

Our promise to you:

We are committed to protecting medical information about you. We are also required by law to keep medical information about you private; give you this Notice about what we do with medical information about you; and follow the practices described in this Notice. The Notice will be posted in public areas at all of the Alliance Medical Group, Inc. locations and at our website. We will not use or give out your medical information without your permission, except as described in this Notice.

Who will follow this Notice?

Alliance Medical Group, Inc. provides care to our patients in partnership with doctors and other health professionals. This Notice will be followed by all employees, volunteers and medical practitioners of Alliance Medical Group, Inc.

How Alliance Medical Group Inc. may use and give out medical information about you?

We may use and disclose your medical information without your prior permission for purposes of treatment (such as sending medical information about you to a specialist as part of a referral), (this includes psychiatric or HIV information if needed for purposes of your diagnosis and treatment); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our healthcare operations (such as comparing patient data to improve treatment methods or for educational purposes) (Note: only limited psychiatric or HIV information may be disclosed for billing purposes **without your authorization**).

Other examples of uses and disclosures of your health information by Alliance Medical Group, Inc. include contacting you for appointment reminders, and advising you about possible treatment options and health related benefits or services that may be of interest to you.

We may use or disclose medical information without your prior authorization for public health activities, emergencies, in disaster situations, for research purposes with special approval, to report victims of abuse or neglect, to a correctional institute if you are an inmate or in custody of the law, to a family member/close friend whom you designate, when required by law or other legal process, to medical examiners/coroners/funeral directors, health oversight audits, for worker's compensation purposes, national security and other specialized government functions and for members of Armed Forces as required by Military Command authorities.

Note the protections that are afforded under the Privacy Regulations do not end upon death. Rather, the rights that the individual had survive their death and are transferred to any person acting upon the deceased individual's behalf.

Alliance Medical Group, Inc.
Notice of Privacy Practices
Page 2

Your authorization or permission is required for other uses of your medical information.

Except as described in this Notice, we will use and disclose your health information only with your written authorization. When you sign our consent for Treatment, Payment and Operations (T.P.O.), you allow us to use and disclose your health information for treatment, payment and health care operations. A written authorization must specify other particular uses or disclosures that you may allow. You may revoke an authorization to use or disclose health information, in writing, at any time. If you revoke an authorization, we will no longer use or disclose your health information for the purposes covered by that authorization, except where we have already relied on the authorization.

What are your rights as a patient?

You have the following rights regarding your protected health information (P.H.I.) at Alliance Medical Group, Inc.:

- **You have the right to ask us to limit how your personal medical information is used.** If you give us a written request to restrict the disclosure of your personal medical information related to treatment, payment and health care operations provided, we will honor the request provided:
 1. The restriction relates to disclosure for purposes of payment or health care operations;
 2. The restriction does not relate to disclosure for purposes of treatment; and
 3. The personal medical information relates only to an item or service for which the provider has already received payment in full.
- **You have the right to see and get a copy of your medical or billing records** (including an electronic copy to you or a designated entity/individual on request if your records already exist in that form) or other written information that we may use to make decisions about your care, with some limited exceptions. In most cases, we may charge a reasonable fee for our costs in copying and mailing the information. If we deny your request, you may submit a written request to review the reasons why we did not comply.
- **You have the right to request in writing that we add to (“amend”) your health record** if you believe that the information is incorrect or if you believe that important information is missing. If we disagree with your request, you may ask us to include your written statement requesting the change as part of your record. We will also provide you with a written statement that lists the reasons why we disagreed with your request.
- **You have the right to receive a paper copy of this Notice** upon request. You may also get a copy of this Notice on our website : www.alliancemedicalgroup.com
- **You have the right to request, in writing that we communicate with you about your health matters in a different way or at a different place.** For example, you can ask that we contact you only at a certain phone number or address that may be different from your home address. We will agree to reasonable requests.

**Alliance Medical Group, Inc.
Notice of Privacy Practices
Page 3**

Who do I contact for more information or to report a problem?

If you believe that your privacy rights have been violated, you may file a complaint in writing with Alliance Medical Group, Inc or the government.

1. To file a complaint with the government, you may contact:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509 F
Washington, D.C. 20201

2. To file a complaint with us, you should contact the Privacy Officer referenced on the Cover Summary Sheet and at the bottom of this Notice.

3. You will not be retaliated against for filing a complaint.

What happens if Alliance Medical Group, Inc. changes this Notice?

We reserve the right to change this Notice. We will post a copy of the current Notice at each Alliance Medical Group, Inc. location and on our website at www.alliancemedicalgroup.com. Changes will apply to medical information we already hold as well as new information. The Notice will contain, in the top right-hand corner, the effective date. In addition, copies will be available to you each time you seek care at Alliance Medical Group, Inc. If we change this Notice, you will be notified the next time you come to Alliance Medical Group, Inc. and you will be entitled to receive a new copy.

**Privacy Officer Lisa Anthony: 203 573-9512 x 2239
Alliance Medical Group, Inc.
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Middlebury CT 06762
lanthony@alliancemedicalgroup.com**