

**Accident Care & Treatment Center, Inc.
Southwest Regional Imaging and Radiology, LLC
Injury Recovery Physical Therapy, LLC
Interventional Radiology Associates, LLC
3209 NW Expressway
Oklahoma City, OK 73112**

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.

Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and Interventional Radiology Associates, LLC are required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. For example, on occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and Interventional Radiology Associates, LLC. It is our policy to provide a substitute health care provider, authorized by our physicians to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.

Referral

You may be referred for diagnostic imaging to a subsidiary of our company, Southwest Regional Imaging and Radiology, LLC. Diagnostic imaging may be obtained at a different facility of your choosing. You may be referred for physical therapy to Injury Recovery Physical Therapy, LLC, which is a subsidiary of Accident Care and Treatment Center, Inc. You may obtain physical therapy at a different facility of your choosing. For further treatment, you may be referred to Interventional Radiology Associates, LLC, which is a subsidiary of Accident Care and Treatment Center, Inc. You may obtain further treatment at a different facility of your choosing.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

Worker's Compensation

We may disclose your health information as necessary to comply with state Worker's Compensation laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may be required to disclose your health information to public health authorities for purposes related to; preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Person

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Change of Ownership

In the event that Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and Interventional Radiology Associates, LLC are sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and Interventional Radiology Associates, LLC are not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and/or Interventional Radiology Associates, LLC amend your protected health information. Please be advised, however, that Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, and Interventional Radiology Associates, LLC are not required to agree to amend your protected health information. If you request to amend your health information has been denied, you will be provided with an explanation of denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and/or Interventional Radiology Associates, LLC.
- You have a right to a paper copy of this Notice of Practices at any time requested.

Changes to this Notice of Privacy Practices

Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and Interventional Radiology Associates, LLC reserve the right to amend this Notice of Privacy Practices at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and Interventional Radiology Associates, LLC are required by law to comply with this Notice.

Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and Interventional Radiology Associates, LLC are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about your privacy rights, please contact the Privacy Director at this office by calling (405) 842-3209. If the Privacy Director is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights or how Accident Care & Treatment Center, Inc., Southwest Regional Imaging and Radiology, LLC, Injury Recovery Physical Therapy, LLC, and/or Interventional Radiology Associates, LLC have handled your health information

should be directed to the Privacy Director by calling this office at (405) 842-3209. If the Privacy Director is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days. If you are not satisfied with the manner in which this office handles your complaints, you may submit a formal complaint to:

DHHD, Office of Civil Rights
200 Independence Ave, S.W.
Room 209F HHH Building
Washington, DC 20201

I acknowledge receipt of this Notice of Privacy Practices of Accident Care & Treatment Center, Inc.

Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____