

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.

A. OUR COMMITMENT TO YOUR PRIVACY

This organization is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you.

These records are our property. However, we are required by law:

- To maintain the confidentiality of your medical information;
- To provide you with this notice of our legal duties and privacy practices concerning your medical information;
- To notify affected individuals following the breach of unsecured medical information; and
- To follow the terms of our notice of privacy practices currently in effect. .

To summarize, this notice provides you with the following important information:

- How we may use and disclose your medical information;
- Your privacy rights in your medical information; and
- Our obligations concerning the use and disclosure of your medical information.

CHANGES TO THIS NOTICE

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change, or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. The organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of the most current notice during any visit to the organization.

B. HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe the different ways in which we may use and disclose your medical information. Please note that each particular use or disclosure is not listed below.

However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories.

Treatment. The organization may use and disclose your medical information to treat you. For example, we may ask you to undergo laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. Many of the people who work for the organization may use or disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to others that may assist in your care, such as your physician, therapists, spouse, children or parents.

Payment. The organization may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items.

Health Care Operations. The organization may use and disclose your medical information to operate our business. These uses and disclosures are important to ensure that you receive quality care and that the organization is well run. As examples of the ways in which we may use and disclose your information for our operations, the organization may use your medical information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for the organization. Further, we may disclose your information to doctors, nurses, medical students, and other personnel for review and learning purposes.

Treatment Alternatives/Health-Related Benefits and Services. The organization may use and disclose your medical information to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you

Fundraising. The organization may use or disclose medical information about you in order to contact you as part of a fundraising activity. In addition, we may disclose your medical information to a business associate, or to a foundation related to the organization, which may contact you to raise money for the organization. However, in the course of such fundraising activities, we would use or disclose only (i) demographic information relating to you (such as your name, address, and phone number) and (ii) the dates you received healthcare treatment or service from us. Should you not wish to be contact regarding such fundraising activities, please contact the Privacy Officer at the contact information below.

THE FOLLOWING CATEGORIES DESCRIBE THE ADDITIONAL CONDITIONS IN WHICH WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION:

Required by Law. We will use or disclose medical information about you when required by applicable law.

Public Health Activities. The organization may disclose your medical information for public health activities, including generally:

- to prevent or control disease, injury or disability;
- to maintain vital records, such as births and deaths;
- to report child abuse or neglect;
- to notify a person regarding potential exposure to a communicable disease;
- to notify a person regarding a potential risk for spreading or contracting a disease or condition;
- to report reactions to drugs or problems with products or devices;
- to notify individuals if a product or device they may be using has been recalled;
- to notify appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and
- to notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.

Abuse, Neglect, and Domestic Violence. We may disclose your medical information to a government authority if we believe you are a victim of abuse, neglect, or domestic violence. If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk of serious harm or, if we were to inform your personal representative, is otherwise not in your best interest.

Health Oversight Activities. The organization may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

Lawsuits and Similar Proceedings. The organization may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release medical information if asked to do so by law enforcement officials:

- regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- concerning a death we believe might have resulted from criminal conduct;
- regarding criminal conduct at our offices;
- in response to a warrant, summons, court order, subpoena or similar legal process;
- to identify/locate a suspect, material witness, fugitive or missing person; and
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Coroners, Medical Examiners, and Funeral Directors. The organization may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients of the organization to funeral directors as necessary to carry out their duties.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, so long as the medical information they review does not leave our premises.

Serious Threats to Health or Safety. The organization may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Specialized Government Functions. The organization may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, the organization may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Furthermore, the organization may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (i) for the institution to provide healthcare services to you, (ii) for the safety and security of the institution, and/or (iii) to protect your health and safety of other individuals.

Workers' Compensation. The organization may release your medical information for workers' compensation and similar programs.

C. **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding the medical information that we maintain about you:

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members and friends.

We are not required to agree to your request, except we must agree to the request to restrict disclosure of medical information about you to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the medical information pertains solely to a healthcare item or service for which the individual or person other than the health plan on behalf of the individual has paid the organization in full.

We are bound by our agreements to restrict certain uses and/or disclosures except when otherwise required by law, in emergencies, or when the information is necessary to treat to you. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion: (i) the information you wish restricted; (ii) whether you are requesting to limit our organization's use, disclosure or both; and (iii) to whom you want the limits to apply. For information on where to mail the request, please contact our Privacy Officer at the phone number below.

Confidential Communications. You have the right to request that the organization communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home, rather than work.

In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. The organization will accommodate reasonable requests. You do not need to give a reason for your request. For information on where to mail the request, please contact our Privacy Officer at the contact information below.

Inspection and Copies. You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. If the information is maintained in a designated record set electronically, our organization, upon your request, must provide you with access to the PHI in the electronic form and format requested, if readily producible in such form or format or, if not, in a readable electronic form and format as agreed to by you and our organization.

You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your medical information. The organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The organization may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your request, but by another licensed healthcare professional chosen by us. For more information on where to mail the request, please contact our Privacy Officer at the contact information below.

Amendment. You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the organization. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. For more information on where to mail the request, please contact our Privacy Officer at the phone number below. You must provide us with a reason that supports your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is:

- accurate and complete
- not part of the medical information kept by or for the organization
- not part of the medical information which you would be permitted to inspect and copy; or
- not created by the organization, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures. You have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain disclosures the organization has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. For more information on where to mail the request, please contact our Privacy Officer at the phone number below. All requests for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but the organization may charge you for additional lists within the same 12-month period. The organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the organization or with the Secretary of the Department of Health and Human Services. To file a complaint with the organization, contact the Privacy Officer at the phone number below. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Right to Receive Notice. You have the right to receive a paper copy of this notice from our organization upon request from our Privacy Officer at the phone number below. In

addition, you have the right to receive the notice electronically through email if you agree to receive electronic notice and such agreement has not been withdrawn. If we learn that the email transmission has failed, a paper copy of the notice will be provided to you. Individuals receiving electronic notices retain the right to obtain a paper copy of the notice upon request.

D. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Marketing. We must receive written authorization from you before making marketing communications to you regarding any treatment or healthcare operations for which we receive financial remuneration from a third party whose product or service is being marketed in exchange for making the communication. However, authorizations are not required for using your medical information to make a marketing communication to you that (i) occurs in a face-to-face encounter with you, or (ii) concerns products or services of nominal value. If you do not want to receive marketing communications (other than those that are in a newsletter or other general communication device), please contact the Privacy Officer at the phone number below.

In addition, if we ever use or disclose your medical information to communicate with you based on your particular health status or condition, we will explain to you why you received the communication, and how the product or service relates to your health.

Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission.

Psychotherapy Notes. We must receive written authorization from you before using or disclosing psychotherapy notes except for use by the originator of the psychotherapy notes for treatment, use or disclosure for our organization's training programs and for defense in a legal action as well as other uses or disclosures as is required or permitted by law.

Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission.

Sale of Medical Information ("PHI"). We may not disclose your medical information to any other person in exchange for direct or indirect remuneration, except that we may disclose your medical information for purposes of treatment, payment, healthcare operations, performing an insurance or HMO function or as otherwise authorized or required by state or federal law.

Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission.

Other Uses and Disclosures. The organization will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.

**If you have any question about this notice,
please contact our Privacy Officer at 800.213.4732 ext. 2005.**