

NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE: NOVEMBER 27, 2006

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.

Each time you visit a physician, or another healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatments, a plan for future care or treatment and billing-related information. This notice applies to all the records of your care generated by the office.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

USES AND DISCLOSURES

How we may use and disclose Health Information about you

The following categories describe examples of the way we use and disclose health information:

For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other practice personnel who are involved in taking care of you at our office.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: We may use information in your health record to assess the care and outcomes in your care and others like it. We may disclose information to doctors, nurses and students for education purposes.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration (FDA)
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institution
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

State Specific Requirements: Many states have requirements for reporting, including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or offices that compiled it, you have the Right to:

Inspect and Copy: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records. If you are denied access to health information, you may request the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as our office keeps the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

We may also use and disclose health information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind about an appointment for medical care;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For population based activities relating to improving health or reducing healthcare costs;
- For conducting training programs or reviewing competence of health care professionals

When disclosing information, primary appointment reminders and billing/collection efforts, we may leave messages on you answering machine or voice mail.

Business Associates: There are some services provided in our Center through contracts with business associates, including, but not limited to, physician billing services, dictation services and collection services. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do and bill you, your insurance company or a third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status or location.

Research: We may disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

Organized Health Care Arrangement: The Physicians and its staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or healthcare operations where an authorization was not required.

Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment and healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Request Confidential Communications: You have the right to request we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask we contact you at work instead of your home. The office will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the office and related correspondence regarding payment for services. We will notify you in accordance with your original request however, if you fail to respond to any communication from us that requires a response we reserve the right to contact you by other means or at another location.

A Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.