

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

April 13, 2003

PLEASE REVIEW IT CAREFULLY

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you, or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of the protected health information, “medical information”.

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to communicate to us if you believe we have violated your privacy rights.

How We May Use And Disclose Medical Information About You

We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

For Treatment:

We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities that become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them.

For example, your physician may conclude you need to receive services from a physician with a particular specialty. When we contact that physician we will provide that physician and office staff the medical information about you to them so that they have information they need to provide services for you.

For Payment:

We may use and disclose medical information about you so that we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payor.

For example, we may need to give your insurance company information about the health services we provide to you so your insurance company will pay us for those services or

reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to obtain determination if you are covered by that insurance or program.

For Health Care Operations:

We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate our company and to maintain quality health care for our patients.

For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We also may use the information to study ways to more efficiently manage our organization. All of this use and disclosure will be done only in a professional manner mindful of your rights to privacy and confidentiality.

How We Will Contact You:

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your place of employment. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see “Rights to Receive Confidential Communications”, part of this Notice.

We may contact you during your course of services or after discharge by either telephone or by mail delivering information to you concerning general health information or specific health information.

For Example, if you have a particular disease diagnosis or are taking a certain medication we may send you information concerning these or related topics. If you do not want this contact you may request to be removed from the contact list.

Other Purposes For Which The Organization Is Permitted/Required Or May Use/Disclose Protected Health Information Without The Individual’s Written Authorization.

Treatment Alternatives:

We may use and disclose medical information about you to contact you about treatment alternatives that may be of interest to you, during your course of services or after discharge.

Health Related Benefits And Services:

We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you, during your course of services or after discharge.

Example, information about discount pharmacy options, etc.

Individuals Involved In Your Care:

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify the Administrator or office manager at the company office, in writing.

Disaster Relief Efforts:

We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities to assist you with your needs or to notify a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

Required By Law:

We may use or disclose medical information about you when we are required to do so by law.

Public Health Activities:

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease, such as the Board of Health, Center for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA) or, an agency that is authorized to receive reports of abuse or neglect.

Victims Of Abuse, Neglect Or Domestic Violence:

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official verifies that immediate enforcement activity depends on the disclosure.

Health Oversight Activities:

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigation, inspections, licensure, accreditation, or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

Judicial And Administrative Proceedings:

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain a qualified court order protecting the information to be disclosed.

Disclosures For Law Enforcement Purposes:

We may disclose medical information about you to a law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant or subpoena.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes that occur at our organization.
- g. To report a crime in emergency circumstances.

Coroners and Medical Examiners:

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

Funeral Directors:

We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

Organ, Eye or Tissue Donation:

If you have elected to be a donor, to facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

Research:

Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave the organization during that person's review of the information.

To Avert Serious Threat To Health Or Safety:

We may use or disclose medical information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

Military:

We may use and disclose medical information about you to components of the Department of Veterans Affairs that determines eligibility or entitlement to benefits or that provide benefits.

Workers Compensation:

We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

Lenders and Financial Auditors

We may disclose medical information about you to the extent necessary to conduct business in regard to securing lines of credit and engaging external auditors to verify the accuracy of our financial records.

Other uses and disclosures:

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the Administrator or Director of your local company office in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us prior to your revocation.

Your Rights With Respect to Medical Information About You

You have the following rights with respect to medical information that we maintain about you.

Right to request restrictions:

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you: or, (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at the time you complete your consent form or at any time after that time. If you request a restriction after that time, you should do so in writing to the Administrator or Director at you local company office and tell us: (a) what information you want

to limit; (b) whether you want to limit use or disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

Right To Receive Confidential Communications:

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to the Administrator or Director at your local company office. Your request must state how or where you can be contacted. We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled.

Right To Inspect And Copy:

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of medical information about you.

To inspect or copy medical information about you, you must submit your request in writing to the Administrator or Director at your local company office. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

We may deny your request to inspect and copy medical information if the medical information involved is:

- (a) Psychotherapy notes;
- (b) Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding; or
- (c) Medical information subject to the Clinical Laboratory Improvements Amendments of 1988 (CLIA), to the extent the provision of access to the individual would be prohibited by law.

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designed by us who was not directly involved in the denial. We will comply with the outcome of that review.

Right To Amend:

You have the right to ask us to amend medical information about you. You have this right for so long as we maintain the medical information.

We are not required to agree to any amendments

To request an amendment, you must submit your request in writing to the Administrator or Director at your local company office. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the medical information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed two (2) pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to communicate your disagreement about our denial of your request.

Right to an accounting of disclosures:

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures for national security or intelligence purposes;
- d. Disclosures to correctional institutions or law enforcement officials;
- e. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures may be suspended for disclosures to a health oversight agency of law enforcement official.

To request an accounting of disclosures, you must submit your request in writing to the Administrator or Director at your local company office. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

Right to copy of this notice:

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy at any time through our local agency office or you may obtain a copy of our Notice of Privacy Practices by calling our corporate office at 704-831-5050 to request a copy.

Our Duties

Generally:

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time you were given this.

Our Right To Change Notice Of Privacy Practices:

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

Availability of Notice of Privacy Practices:

A copy of our current Notice of Privacy Practices will be posted in our company offices. In addition, each time you are admitted to our organization for services, a copy of the current Notice will be made available to you.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting the Administrator or Director at the local company office.

Effective date of notice:

The effective date of notice will be stated on the first page of the notice.

Concerns:

You may communicate concerns to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a concern with us, contact the Administrator or Director at the local company office, the address and telephone number is given to you at the time of admission to or to the company Privacy Officer at **866-817-1788**.

To file a concern with the United States Secretary of Health and Human Services, send your concern to him or her in care of:

Office for Civil Rights, U. S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D. C. 20201

You will not be retaliated against for filing a concern with the company or the Secretary.

Questions and information:

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Administrator or manager at the local company office at the address or telephone number that had been given to you during admission to services.