

Notice of Privacy Practices

The Health Insurance Portability Act of 1996 (HIPAA) protects the confidentiality of medical records and other personal health information. The rule limits the use and release of individually identifiable health information; gives patients the right to access their medical records; restricts most disclosure of health information to the minimum needed for the intended purpose; and establishes safeguards and restrictions regarding disclosure of records for certain public responsibilities, such as public health, research and law enforcement. Improper uses or disclosures under the rule are subject to criminal and civil sanctions prescribed in HIPAA.

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.

I. Our Privacy Obligations

We are legally required to protect the privacy of your health information, which is called “protected health information” or “PHI” and it includes information that we have created or received about your past, present, or future health or condition, the provision of health care to you or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make a significant change to our policies, we will promptly change this notice and post a new notice in our main reception areas. You may also request a copy of this notice from the contact person listed in Section IV below at any time, and you can also print this notice.

II. Uses and Disclosures of PHI

We may use or disclose your PHI without your authorization for the following reasons:

- A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.
 - For treatment - We may disclose your PHI to physicians and other health care personnel who provide you with health care services or are involved in your care. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
 - To obtain payment for treatment - We may use or disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, disclosures to obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care to verify that said payer will pay for the treatment. You should be aware that if

you are not the insurance policy holder, certain information may be disclosed to the policyholder by the insurance carrier. We may also provide your PHI to our business associates such as billing companies, claims processing companies, and others that process our health care claims.

- For health care operations - We may disclose your PHI for health care operations, which include internal administration and activities that improve the quality and cost effectiveness of care that we deliver to you. We may disclose PHI to our administrative staff in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

B. To Personal Representatives - We may disclose PHI to your personal representative who is a legal guardian, a court-appointed individual, or a person designated by you (via a health care power of attorney) to act on your behalf in making decisions related to your health care. We will obtain written documentation of the person's qualification to act as your personal representative prior to allowing them to make health care decisions on your behalf.

C. Disclosure to Relatives and Close Friends. We may use or disclose PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

D. For Public Health Activities - We may disclose PHI for public health activities and purposes, as an example to report health information to authorities for the purpose of preventing or controlling disease, injury or disability or to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

E. Decedents. We may disclose PHI to coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

F. When required by federal, state or local law, judicial or administrative proceedings, or law enforcement. We may disclose PHI as required or permitted by a law that requires we report information to government agencies and law enforcement personnel in circumstances included but not limited to abuse, neglect or domestic violence; when dealing with gunshot or other wounds; or when ordered by a judicial or administrative proceeding.

G. For Health Oversight Activities. We may disclose PHI to assist the government when it conducts an investigation or inspection of a health care provider or organization.

H. For Purposes of Organ Donation. We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

I. For Research Purposes. We may use or disclose PHI in certain circumstances in order to conduct medical research.

J. To Avoid Harm. We may use or disclose PHI to prevent or lessen a threat of imminent, serious physical violence against you or another readily identifiable individual.

K. For Worker's Compensation purposes - We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

L. As required by Law. We may use and disclose PHI when required to do so by any other law not already referred to in this notice.

M. All other Uses and Disclosures Require your Prior Written Authorization. In any other situation not described in Section I A – L above, we will ask for your written authorization before using or disclosing any of your PHI. This form is available on our website at www.primarycaremedicl.com or in any of our physician's offices. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future use and disclosures.

III. Your Individual Rights regarding Your PHI

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosure of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the use or disclosure that we are legally required or allowed to make. If you wish to request limits on uses and disclosure of your PHI, you must do so in writing, and direct your request to the Office Manager of Primary Care Medicine. We will send you a written response.

B. The Right to Choose - How we Send PHI to You - You have the right to ask that we send information to you at an alternative address or by an alternate means. We must agree to your request so long as we can easily provide it in the format you requested.

C. The Right to Inspect and Copy your Health Information. You may request access to your medical records and billing records in order to inspect and obtain copies of the records. Under limited circumstances, we may deny you access to a portion of your

records. If you desire access to your records, please obtain a records request form at your physician's office and submit the completed form by mail or in person to the address designated on the form. If you request copies, we will charge you \$1.00 for each page up to 25 pages, then .25 cents per page thereafter. We will respond within 30 days of receiving your request.

(Please note that if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you including records relating to pregnancy, abortion, sexually transmitted disease, substance use and abuse, and contraception and/or family planning services).

D. The Right to Amend or Update your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. Please obtain an amendment request form from your physician's office and submit as indicated on the form. We will respond to you within 60 days of receiving the request. We will comply with your request unless we believe that the information that would be amended is correct and complete or other special circumstances apply. If your request is denied, you will receive a written notification which will state the reason(s) for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to ask that your request and our denial be attached to all future disclosures of your PHI.

E. The Right to Receive an Accounting of Disclosures. You have the right to request a list of those instances where we have disclosed your PHI other than for treatment, payment, health care operations or where you specifically authorized a disclosure. The request must state the time period desired for the accounting, which must not exceed six years and does not apply to disclosures made prior to April 14, 2003. Please obtain a disclosure request form from your physician's office and submit as indicated on the form.

We will respond within 60 days of receiving your request for an accounting of disclosures. The list will include the date of the disclosure, the name and address to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request within a twelve (12) month period, we will charge a \$50 service charge for each additional request.

F. The Right to Revoke an Authorization. You may revoke an authorization by delivering a written revocation statement to our Administrator/Privacy Officer. Please note that the revocation will not be applicable to any action taken prior to the receipt of this statement.

IV. Person to Contact for Information about our Privacy Practices or to File a Complaint.

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to PHI, you may contact:

Office Manager
c/o Primary Care Medicine
404 NW Hall of Fame Drive
Lake City, FL
(386) 754-3627.

You may also send a written complaint to the Department of Health and Human Services--the contact information is below.

V. Effective Date of This Notice

This notice is effective on April 14, 2003.

Complaints

If you are concerned that we have violated your privacy rights, and or would like to express a concern regarding our privacy practices, you may report your incident in writing. Please ask for the person listed below for assistance in filing a complaint. You may also send a written complaint to the U.S. Department of Health and Human Services.

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free 1-877-696-6775

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our practices, and to follow the guidelines described in this notice.