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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.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit or contact a hospital, physician or other healthcare provider, a record of your contact is made. This record contains protected health information healthcare providers may use, and disclose, to carry out treatment, payment or health care operations and for other purposes permitted or required by law. Protected Health Information is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health and related healthcare items. This notice serves to inform you of how your protected health information may be used and disclosed.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it; however, the information belongs to you. You have the right to request a restriction on *certain* uses and disclosures of your information, and to request amendments to your health record. This includes the right to obtain a paper copy of the notice of privacy practices and, upon request, to inspect and obtain a copy of your health record. This office charges a fee, for the time and expense of making your records available for review. Additionally, records will be made available to you for review within a time frame of no more than 30 days.

Requests for amendments to your health record must be made in writing, after which the Physician will review your request and make the requested amendments, provided there is sufficient justification for the changes. You will be notified of the physician's decision regarding the amendment, in writing, within a time frame of no more than 30 days. You have the right to obtain an accounting of certain disclosures of your health information, request communications of your health information by reasonable alternative means, and revoke your authorization to use or disclose health information, except to the extent that action has already been taken.

OUR RESPONSIBILITIES

This organization is required to maintain the privacy of your health information. In addition, we must provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice, accommodate reasonable requests you may have to communicate health information by alternative means or at an alternate location, and notify you if we are unable to agree to a requested restriction. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, notice will be posted prominently in the office and mailed to you upon written request. If we maintain a Web site that provides information about our customer services or benefits we will post our new notice on that Web site. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact our Privacy Officer, Vickie Schultheiss, at (410) 836-0131. If you believe your rights have been violated by us, you may file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by the physician, our office staff and others outside of our office that are involved in your care and for the purpose of providing health care services to you. Your protected health information may be used and disclosed as needed to obtain payment of your health care bills and to support the operation of the physicians practice.

Following are examples of the types of uses and disclosures of your protected health information the physician's office is permitted to make, as allowed by law. These examples describe the types of uses and disclosures that may happen in our office and are not meant to be inclusive.

TREATMENT

We will use and disclose your protected health information for all purposes related to providing and coordinating health care and related services. This includes coordinating care with other physicians, health organizations, labs, medical groups, hospitals and others who are providing medical care, advice or assistance relating to your medical treatment. For example, we will forward all related information, including diagnosis information, reports, tests and observations, as necessary, to other practitioners or health agencies for the purpose of treating you.

PAYMENT

We will use and disclose your protected health information for all purposes related to obtaining payment for your medical care. This may include providing information to insurance carriers, workers compensation or automobile insurance carriers for such purposes as obtaining authorization for visits or procedures, verifying member benefits and eligibility, utilization review activities and submission of information for payment of services rendered. For example, submitting a bill to you, or a medical claim for payment to your insurance carrier requires the use and disclosure of such protected health information as diagnosis, procedures, supplies, treatment dates and demographic information.

HEALTHCARE OPERATIONS

We will use and disclose your protected health information, for all purposes related to the support of business activities of your physician's practice. These activities include, but are not limited to, employee review activities, case management review, medical student training, limited marketing or fund raising campaigns, patient flow within the office or other business activities, as allowed by law.

For example, medical students may have access to your protected health information for purposes of educational necessity. Additionally, sign-in sheets, with multiple lines per page, may be used at the registration desk where you will be asked to provide your full name. We may also call you by name in the waiting room when the physician is ready to see you. We may use your protected health information, as necessary, to contact you to remind you of your appointment, provide lab or test results or inquire about the state of your health and to schedule follow up appointments. We will use the home and office phone numbers you provide on your registration form as the primary source to contact you for these and other purposes, unless an alternative means is provided, in writing, prior to our attempt to contact you.

We will use and disclose your protected health information with third party business associates that perform related services for the practice. Examples may include billing or transcription services, independent chart or medical billing audits and copying or shredding services. To protect your health

information, we have required all business associates to sign a written contract that ensures protection of your protected health information.

MARKETING AND FUND RAISING

We will use and disclose your protected health information, as necessary, to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you, or as part of a fund raising effort. You may request, in writing, to not have these materials be sent to you.

OTHERS INVOLVED IN YOUR HEALTHCARE

We will use and disclose your protected health information, as necessary, to a member of your family, other relative, close friend or any other person you identify, to the extent that is related to that persons involvement in your health care or payment of medical services. You may object, in writing, to having your protected health information released to a particular person(s). If you are unable to agree or object to the disclosure, due to emergent medical situations (i.e.: not responsive/conscious) or communication barriers (i.e.: hearing/speech impairment or language barriers) during emergency situations, we will disclose the necessary information, as allowed by law, if, based on our professional opinion, it is in your best interest to do so. We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location, general condition or death.

PUBLIC HEALTH

We will use and disclose your protected health information to public health or legal authorities, as allowed by law, and to the extent necessary for the purpose of controlling disease, injury or disability and for tracking births and deaths.

We will use and disclose your protected health information, as required by law, relative to adverse events with respect to food, supplements, product and product defects or post-marketing surveillance information, to enable product recalls, repairs or replacement.

We will use and disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

We will use and disclose your protected health information, as allowed by law, in response to a valid subpoena or court order or for law enforcement purposes. Law enforcement purposes may include but are not limited to the following: abuse or neglect that is witnessed, suspected or otherwise believed to have taken place, information pertaining to victims of a crime, relating to a crime that occurs on the premises of the practice or suspicion that death has occurred as a result of improper conduct. We will use and disclose your protected health information, should you be an inmate of a correctional institution, to the institution, or agents thereof, as necessary for your health and the safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION

We will use and disclose your protected health information to the coroner or medical examiner for identification purposes, determining cause of death or other duties authorized by law. We may also disclose health information to funeral directors, as required by law, to allow them to carry out their duties. Protected health information may be used and disclosed to organizations engaged in the procurement, banking or transportation of organs for the purpose of tissue donation and transplant.

THIS NOTICE WILL BE PROMINENTLY POSTED IN THE OFFICE WHERE PATIENTS WILL BE PROVIDED A HARD COPY UPON VERBAL OR WRITTEN REQUEST.