

NOTICE OF PRIVACY PRACTICES

This notice is to inform you how your medical information may be used, disclosed, and how you may gain access to this information. Please review it carefully.

This notice takes effect on May 1st, 2004.

The privacy and confidentiality of your medical records is important to us and we are committed to protecting it. A record of the services and care you receive at PrevaHealth is created during your visit with us. This record is important in helping us provide you with the highest quality of care while you are a patient at our facility. In accordance with the Health Insurance Portability and Accountability Act of 1996, we are legally required to inform you how we may use and share your medical information. This will also describe your rights and certain duties we have regarding the use and disclosure of medical information.

WE ARE LEGALLY REQUIRED TO:

- Keep your medical information private.
- Provide you with this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- Follow the terms of the current notice.

WE HAVE THE RIGHT TO:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

CHANGE TO PRIVACY PRACTICES

- In the event we make a change to our privacy practices, we will change this notice and make the new notice available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

Listed below are various ways in which we use and disclose medical information. We will not use or disclose your medical information for any purpose listed or not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technologists or other professionals involved in your care in order to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and/or obtaining accreditation, certificates, licenses and credentials.

FACILITY DATABASE: The following medical information about you will be placed in our facility database; your name, address, your condition described in general terms, and your referring or family physician. We may disclose this information to other health care professionals who contact us and ask for information about you by name.

NOTIFICATION: We may use and disclose medical information to notify or help notify a family member, your personal representative or another person responsible for your care. We will share information about your location or general condition. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment.

DISASTER RELIEF: We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

RESEARCH: We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

SPECIALIZED GOVERNMENT FUNCTIONS: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government program providing public benefits.

COURT ORDERS AND JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena we may share your medical information with law enforcement officials.

PUBLIC HEALTH ACTIVITIES: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect.

VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE: We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

WORKERS COMPENSATION: We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

APPOINTMENT REMINDERS: We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

ALTERNATIVE AND ADDITIONAL MEDICAL SERVICES: We may use and disclose medical information to furnish you with information about health related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

YOUR INDIVIDUAL RIGHTS

YOU HAVE A RIGHT TO:

1. Obtain copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing using the address listed at the end of this notice.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your

request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

6. If you have received this notice electronically, and wish to receive a paper copy, you have the right to receive a paper copy by making a request in writing to the contact person listed at the end of this notice.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written or electronic complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of your rights in Section 4 of this notice by writing to the following address:

Office for Civil Rights
U.S. Dept of Health and Human Services
233 N. Michigan Ave.-Suite 240
Chicago, IL 60601

(312)886-2359
(312)353-5693 TDD
(312)886-1807 Fax

PrevaHealth
5747 Perimeter Drive
Dublin, OH 43017

(614)652-5888
(614)652-5890 Fax

To submit a complaint electronically, the website is www.hhs.gov/ocr/hipaa/

We will not retaliate in any way if you choose to file a complaint.

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

I agree to allow messages concerning my exam to be left (check all that apply)

_____ on my cell phone

_____ at my home

_____ at my work

_____ with my significant other, _____ (name)

I agree to allow messages concerning my exam to be emailed to me at:

_____ (email address)

Signature _____

Name (Printed) _____ Date of Birth _____

Date _____