

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. PLEASE REVIEW IT CAREFULLY.*

Name: _____

Date: _____

Protected Information. While receiving care from our organization, information regarding your medical history, treatment, and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present or future medical condition, receipt of health care or payment for health care ("Protected Information").

Our Responsibilities. Federal law imposes certain obligations and duties upon us as a covered health care provider with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Information unless under the law we are authorized to release your Protected Information without your authorization, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your Protected Information during our regular business hours;
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by the terms of this notice.

How Your Protected Information May be Used and Disclosed. Generally, your Protected Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule.

Treatment, Payment, or Health Care Operations.

Treatment Purposes. We may use or disclose your Protected Information for treatment purposes. During your care with our organization, it may be necessary for various personnel involved in your care to have access to your Protected Information in order to provide you with quality care. For example, _____

_____ In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services which may be of interest to you.

* Please note, we reserve the right to revise our practices with respect to Protected Information and to amend this notice. Should our information practices change, we will _____ describe how patients will receive a revised notice. In addition, a current notice of our privacy practices may be obtained from _____ at _____

This form is not intended in any way to be legal advice. Briggs Corp. makes no representation or warranty that this form when used in a specific factual situation meets applicable legal requirements. Users are urged to seek the advice of their legal counsel prior to using.

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Situations may also arise when it is necessary to disclose your Protected Information to health care providers outside our organization who may also be involved in your care. For example, _____

Payment Purposes. Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed and collected from you, your insurance company, or other third party payor. It may also be necessary to release Protected Information to obtain prior approval from your health insurance. We may also release your Protected Information to another health care provider or individual or entity covered by the HIPAA privacy regulations who has a relationship with you for their payment activities.

Health Care Operations. Your Protected Information may also be used for health care operations, which are necessary to ensure the provider gives the highest quality of care. For example, your Protected Information may be used for quality assurance or risk management purposes. We may at times remove information which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

Patient Directory. The provider maintains a patient directory. Unless you object, your name, location in the organization, general condition, and religious affiliation will be contained in the directory. The directory is disclosed to members of the clergy and except for religious affiliation, to other persons who specifically ask for the information by your name. You are not obligated, however, in any way, to consent to the inclusion of your information in the provider's directory. Please notify the provider's personnel if you do not wish to be included in the directory or if you wish for information or disclosure to be limited in some way.

Notification and Communications to Individuals Involved in Your Care. Unless you have informed us otherwise, your Protected Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Information disclosed for notification purposes will be limited to your name, location and general condition. In addition, unless you have informed us otherwise, Protected Information may be released to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care. In the event you wish for any of these uses or disclosures to be limited, please contact the provider's personnel.

Disaster Relief. We may disclose your Protected Information to an organization assisting in disaster relief efforts; however, we will first ask your permission to disclose such information. If seeking your permission is not feasible, we will disclose the information if in our professional judgment we determine the disclosure is in your best interests or that you would not have objected to the disclosure.

Fundraising Activities. We may use your Protected Information for the purpose of contacting you as part of a fund-raising effort. Only demographic information and the dates health care was provided to you will be used or disclosed in connection with fundraising efforts. If you do not wish to be contacted for fundraising activities, you may contact _____ at _____ to have your name removed from our fundraising list.

Research Purposes. In some instances, your Protected Information may be used or disclosed for research purposes. All research projects which use Protected Information are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In many cases, information which identifies you as the patient will be removed.

Special Circumstances. Situations may arise which warrant us to use or disclose Protected Information without your consent or authorization. The law specifically allows us to use or disclose Protected Information without your consent or authorization in the following special circumstances:

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Public Health Activities. We are allowed to use or disclose your Protected Information for public health activities and purposes. Examples of public health activities which would warrant the use or disclosure of your Protected Information include:

- Preventing or controlling disease, injury or disability;
- Reporting births or deaths;
- Reporting the abuse or neglect of a child or dependent adult;
- Reporting reactions to medications or problems with products; or
- Notifying individuals exposed to a disease who may be at risk for contracting or spreading the disease.

Health Oversight Activities. Your Protected Information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include audits, investigations, inspections or judicial/administrative proceedings which you are not the subject of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our organization or our organization's compliance with certain laws and regulations.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or other administrative proceeding, we may release your Protected Information in response to a court or administrative order requesting the release. In some instances, we may also release Protected Information pursuant to a subpoena or discovery request but only if efforts have been made by the requestor to provide you with notice of the request and you have failed to object or the objection was resolved in favor of disclosure, or in the alternative, the requestor has obtained a protective order protecting the requested information.

Victims of Abuse or Neglect. Other than child and dependent adult abuse which is covered under public health activities, we may use or disclose your Protected Information to a protective services or social services agency or other similar government authority, if we reasonably believe you have been the victim of abuse, neglect or domestic violence as long as you agree to such disclosure and we feel it is necessary to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your Protected Information for this purpose but only if failure to release it would materially and adversely affect a law enforcement activity and the information will not be used, in any way, against you.

Law Enforcement. We may also release your Protected Information to a law enforcement official for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons, or administrative request;
- Identifying or locating a suspect, fugitive, material witness or missing person;
- Regarding a crime victim, but only if the victim consents or the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in the victim's best interest.
- Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct; or
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

Coroner, Medical Examiners, Funeral Homes. Protected information regarding a decedent may be released to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law. Protected information regarding a decedent may also be disclosed to funeral directors if necessary to carry out their duties.

Specialized Government Functions. Your Protected Information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities;
- National security and intelligence activities;

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- Protective service of the President and others;
- Medical suitability determinations for Department of State officials;
- Correctional institutions and law enforcement custodial situations; or
- Provision of public benefits.

Organ Donation. Your Protected Information may be used or disclosed by us to entities engaged in the procurement, banking or transplantation of organs, eyes or tissues for the purpose of facilitating such donation and transplantation.

Workers' Compensation. We are allowed to disclose your Protected Information as authorized and to the extent necessary to comply with laws relating to workers' compensation or other programs providing benefits for work-related injuries or illness without regard to fault.

More Stringent Laws. Some of your Protected Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health information are often given more protection. In the event your Protected Information is afforded greater protection under federal or State law, we will comply with the applicable law.

Your Rights. Federal law grants you certain rights with respect to your Protected Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Information;
- Request that certain uses and disclosures of your Protected Information be restricted; provided, however, if we may release the information without your consent or authorization, we have the right to refuse your request;
- Access to your Protected Information; provided, however, the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Information for the past six years;
- Revoke any prior authorizations or consents for use or disclosure of Protected Information, except to the extent that action has already been taken; and
- Request communications of your Protected Information are done by alternative means or at alternative locations.

Important Contact Information. This notice has been provided to you as a summary of how we will use your Protected Information and your rights with respect to your Protected Information. If you have any questions or for more information regarding your Protected Information, please contact _____ at _____.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting _____ at _____. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

Effective Date. This notice became effective on _____, 20____. Please note, we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained from _____ at _____.

ACKNOWLEDGMENT OF RECEIPT OF PROVIDER'S NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge that I have received a copy of _____ (Provider's) Notice of Privacy Practices which summarizes the ways my identifiable health information may be used and disclosed by Provider and states my rights with respect to my medical information. I understand Provider has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event Provider revises its information practices, a revised Notice will be posted at _____ and that I may obtain a current Notice of Privacy Practices at any time from _____.

Signature of Patient/Guardian/Representative

Date Signed

If Guardian/Representative - State Relationship to Patient

Signature of Witness

Date Signed

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