

FIRST CARE MEDICAL GROUP PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this protected health information (PHI). Please review it carefully.

This notice describes our Practice's privacy policies, which extend to:

- Doctors, Physician Assistants, Nurses, Technicians and all clinical staff
- All areas of the Practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our Practice;
- Our business associates including billing service, facilities to which we refer patients, other physicians and health information technology companies

The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION (PHI)

We understand that your medical information is personal to you, and we are committed to protecting the information about you. We create records about your health, our care of you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

We are required by law to:

- make sure that the protected health information about you is kept private,
- provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- follow the conditions of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

Medical Treatment. We use medical information about you to provide you with appropriate medical treatment or services. Therefore, we may, and most likely will disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. Different areas of the Practice also may share medical information about you including your prescriptions, requests for lab work and x-rays. We also may disclose medical information about you to people outside the Practice who may be involved in your medical care, such as your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent). We may disclose information as needed to pharmacies to ensure that you get the correct prescription, and the pharmacy may share information about other medications that have been prescribed for you by other providers.

Payment. We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give information about treatment you received at the Practice to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment, to facilitate payment of a referring physician, or the like.

Health Care Operations, Our Practice may use and disclose your Protected Health Information (PHI) to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

Appointment and Patient Recall Reminders. We may ask that you sign a "Sign In" log at the Receptionist's Desk on the day of your appointment with the Practice. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve leaving an e-mail, a message on an answering machine, or other means which could (potentially) be received or intercepted by others.

We recommend that you register to use our secure website to schedule appointments and to receive messages from us, because this will reduce the potential that others could intercept your personal information. Our website uses **MyHealthRecord™ by GreenwayHealth**. First Care and other participating healthcare practices store your personal medical information using powerful security and encryption technologies to help protect your privacy.

Emergency Situations. We may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. We will obtain an Authorization from you before using or disclosing any individually identifiable health information unless the authorization requirement has been waived in accordance with federal law.

Required By Law. We will disclose medical information about you to governmental or other authorities when required or authorized to do so by federal, state or local law or in accordance with public health policy.

To Avert a Serious Threat to Harm or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your specific health and safety or the health and safety of the public or another person.

Worker's Compensation. We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to maintain vital records, such as births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease/condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Investigation and Government Activities. We may disclose medical information to a local or government agency (for example, audits, investigations, inspections, and licensure). These activities are necessary for the payer, the government and other regulatory agencies to monitor the health care system and to comply with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.

Law Enforcement. We may release medical information if asked to do so by law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the Practice; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Release of Information to Family/Friend. Our practice may release your PHI to a friend or family member who is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the Practice for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the practice to funeral directors as necessary to carry out their duties.