

PACIFIC MEDICAL, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Rights - Although your health record is the property of the healthcare practitioner or facility that compiled it, you have certain rights relating to your health information.

You have the right to:

- Give your authorization for uses or disclosures of your health information, except for certain permitted or required uses and disclosures, such as those further described in this notice.
- Revoke your authorization to use or disclose health information, except to the extent action has already been taken.
- Request a restriction on uses and disclosures of your health information, but we are not obligated to agree to the restrictions that you request
- Request confidential communications of your health information by alternative means or at alternative locations.
- Inspect and obtain a paper copy of your health records. Your request must be in writing. If you are denied access to your health record, we will tell you why and what your rights are to review the denial. You may be charged reasonable fees for copying, labor, and postage.
- Amend your health record. Your request must be in writing and state a reason. If we deny your request, we will tell you why and what your rights are. If we accept your request you amendment will be added to the record. We will not delete any information already in our records. The length of your amendment may be limited.
- Obtain an accounting of disclosures of your health information for purposes other than treatment, payment or health care operations, disclosures to you or authorized by you, incidental disclosures and certain other excluded disclosures. Your request must be in writing.

Our Responsibilities - We are required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice currently in effect
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information confidentially by alternative means or at alternative locations. Contact Mark Weaver to make this request.
- not use or disclose your health information without your authorization, except as described in this notice

We Will Use and Disclose Your Information for Treatment, Payment and Health Care Operations:

- **Treatment:**
For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record. We may disclose your health information to ancillary or specialty care services or suppliers that may be requested by your physician to provide you with treatment or medical equipment. Those providers will record their care in their records and copy your physician on their observations.
- **Payment:**
For example: A bill may be sent to you, or an insurance company, or HMO. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used and your treatment for which payment is requested.
- **Our Health Care Operations.**
For example: Members of the medical staff and the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.
- **Health Care Operations of Others.**
For example: We may disclose your health information to other health care providers or payors for their health care operations, but only if they already have a relationship with you and the purpose is for quality assurance activities, peer review activities, detecting fraud, or for other limited purposes.

We Also May Use and Disclose Your Information for Other Purposes:

Here are some examples:

- **Patient education:** to provide you with appointment reminders, or information about our services, or treatment alternatives or other health-related benefits and services that may be of interest to you.
- **When required by law:** in order to comply with federal or state laws, the orders of a court, or the orders of a governmental agency.
- **Public health:** to public health authorities for preventing or controlling disease, or reporting vital information.
- **Abuse, neglect or domestic violence:** to a government authority, including a social service or protective services agency as authorized by law, to report abuse, neglect or domestic violence.
- **Health oversight activities:** to a health oversight agency for oversight activities authorized by law.
- **Judicial and administrative proceedings:** to courts, parties to a lawsuit, or government agencies as may be required during the course of a judicial or administrative proceeding.
- **Law enforcement:** to law enforcement officials relating to crimes and other law enforcement purposes.
- **Decedents:** to coroners and funeral directors in order to carry out their duties relating to decedents.
- **Organ donations:** to blood, tissue and organ banks for facilitating organ donation and transplantation.
- **Research:** to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Threats to health or safety:** to others, consistent with law, to prevent a serious threat to personal health or safety.
- **Specialized government functions:** to military command authorities, veterans administration, and national security and intelligence officials for activities deemed necessary to carry out their respective missions.
- **Correctional institution:** to correctional institutions or agents thereof as necessary to protect personal health and safety.
- **Workers compensation:** to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or similar programs established by law.

This notice is effective as of January 1, 2011. We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information that we maintain. Should our information practice change, we will post those changes at the medical facility and on the Website: www.pacmedical.com.

For more information, to report a problem, or to exercise your right, you may contact: Mark Weaver at 1-800-726-9180. There will be no retaliation for filing a complaint. You may also contact the Secretary of the Department of Health and Human Services, Office of Civil Rights, San Francisco Office, U.S. Department of Education, Old Federal Building, 50 United Nations, San Francisco, CA 94102-4102.

I acknowledge that I have received this Notice of Privacy Practices.

Patient Responsible Party Signature

Date

Patient Name

White Copy - Office Yellow Copy - Patient

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