

NOTICE OF PRIVACY OF PRIVACY PRACTICE

This Notice of Privacy Practice will tell you what you have regarding your personal health information, and what Extended Arm Physicians, Inc.'s obligations are in protecting the privacy of that information. It describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Who We Are:

This Notice describes the privacy practice of Extended Arm Physicians, Inc., and the privacy practice of:

- All of our doctors, nurse practitioners, physician assistants and other health care professionals authorized to enter information about you in your medical chart.
- All of our departments, including our medical records and billing
- All of our employees, staff, volunteers and other personnel who work for us or on our behalf

Our Pledge:

We understand that health information about you and healthcare you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other healthcare services from us, we create a record of the services that you received. We need this record to provide you with quality care and for complying with legal requirements. This notice applies to all of our records about your care, whether made by our healthcare professionals or others working in our office, and tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private in accordance with relevant law.
- Give this notice of our legal duties and privacy practice with respect to your personal health information.
- Follow the terms of the notice that is currently in effect for all of your personal health information.

How We May Use and Disclose Your Personal Health Information:

Treatment: We may use health information about you to provide you with healthcare treatment or service. We may disclose health information about you to the doctors, nurses, technicians, and others who are involved in your care. They may work at the hospital if you are hospitalized under our supervision, or at other physicians office, labs, pharmacy, or other healthcare provider to whom we may refer you for treatment,

consultation, x-rays, lab tests, prescription or other healthcare services. They may also include doctors and other healthcare professionals who work at other healthcare facility on which we consult about you.

Payment: We may use and disclose health information about you to bill and collect payment from you, your insurance company, including Medicare and Medicaid or other third party that may be available to reimburse us for some or all of your healthcare. We may also disclose health information about you to other healthcare providers or to your health plan so that they can arrange for your payment relating to your care. For example, if you have health insurance, we may need to share information about your office visit with the health plan in order for your health plan to pay us or reimburse you for the visit. We may also tell your health plan about treatment that you need to obtain your health plan's prior approval to determine whether your plan will cover the treatment.

Healthcare Operations: We may use and disclose health information about you for our day-today operations. These uses and disclosures are necessary to run Extended Arm Physicians, Inc and to make sure that all of our patients receive quality care, and to assist other providers and health plans in doing so as well. For example, we may use health information to review the services that we provide and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients with health information from other healthcare providers to decide what additional services we should offer, what services are not needed, whether new treatments are effective or to see where we can make improvements.

Protective Services for President and Others: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the corrections institution or law enforcement official. This release would be necessary (1) For the institution to provide you with healthcare, (2) To protect your health and safety and the health and safety of others, or (3) For the safety and security of the correctional institution.

Health-Related Services and Treatment Alternative: We may use and disclose health information to tell you about health-related services or recommend treatment options or alternatives that may be of interest to you. Please let us know if you do not wish for us to contact you with information, or if you wish to have us use a different address when sending this information to you.

Appointment Reminder: We may use and disclose health information about you to contact you as a reminder that you have appointment at Extended Arm Physician, Inc.

As Required By Law: We will disclose health information about you when required to do so by federal, state or local law.

To Avert Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be someone able to prevent the threat.

Military and Veteran: If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military and command authorities or the Department of Veteran Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

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

Public Health Activities: We are sometimes required to report health information about you for public health activities. These activities generally include the following:

- To prevent or control diseases, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medication or problem with products
- To notify people of a recall of a products
- To notify a person who may have been exposed to a disease or may be at a risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose health information about you to health oversight agency for activities by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil right laws.

Lawsuits and Disputes: We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery-request or other lawful process that in not accompanies by a court order or administrative order, but only if efforts have been made to tell you about the request or to obtain an order protecting the information you requested.

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

Law Enforcement: We may release health information about you if asked to do so by law enforcement official:

- In response to court order, subpoena, warrants, summons, or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- Under certain limited circumstances, about the victim of a crime
- About a death we believe may be the result of criminal conduct
- About criminal conduct at Extended Arm Physicians, Inc.
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Agencies: We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Your Rights: You have certain rights with respect to your health information. This section of our notice describes your rights and how to exercise them:

Right to Request a Copy: You have the right to inspect and request a copy of the personal health information in your medical and billing records, or in any other group of records that we maintain and use to make

healthcare decisions about you. The right does not include the right to inspect and copy psychotherapy notes; although we may, at your request and on payment of the application fee, provide you with the summary of these notes.

To inspect and copy you must submit your request in writing to our privacy contact person identified on the last page of this notice. If you request a copy of the notice we may charge a fee for the copying and mailing costs, and for any other costs associated with your requests.

We may deny inspect and copy in very limited circumstances. If you are denied, you may request the denial be reviewed. We will designate a licensed healthcare professional to review our decisions to deny your requests. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review. Certain denials such as those relating to psychotherapy notes however will not be reviewed.

Right to Amend: If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for any information that we maintain about you. To request an amendment, your request must be made in writing, submitted to our privacy contact person identified on the last page of the notice, and must be contained on one piece of paper, legibly handwritten or typed. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment, if it is not in writing, or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or organization that created the information is no longer available to make the amendment.
- Is not part of the health information kept by or for Extended Arm Physicians, Inc.
- Is not part of the information in which you would be permitted to inspect and copy, or
- Is accurate and complete.

Any amendment we make to your health information will be disclosed to the healthcare professionals involved in your care and to others to carry out payment and healthcare operations, as previously described in this notice.

Right to Receive an Accounting Disclosure: You have the right to receive an accounting of certain disclosures of your health information that we made. Any accounting will not include all disclosures that we make. For example, an accounting will not include disclosures:

- To carry out treatment, payment and healthcare operations as previously described in this notice
- Pursuant to your written authorization
- To a family member, other relative, or personal friend involved in your care or payment for your care when you have given us permission to do so.
- To law enforcement officials

To request an accounting disclosure, you must submit your request in writing to our privacy contact person identified on the last page of this notice. Your request must state a time period that may not be more than six (6) years and not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you

if we are unable to supply the list within that time period and by what date we can supply the list; that date will not exceed 60 days from the date you made the request.

Right to Request a Restriction: You have the right to request a restriction of intimation on the health information we use or disclose about you for treatment, payment of healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as family member or friend. For example, you may request that we do not disclose information about you to a certain doctor or other healthcare professional, or that we not disclose information to your spouse about certain care you received.

If it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you, we are not required to agree to request for restrictions. If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to our privacy contact person identified on the last page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limit to apply.

Right to Receive Confidential Communication: You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address.

To request that we communicate with you in a certain way, you must make your request in writing to our privacy contact person identified on the last page of this notice. We will ask you for the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Paper Copy of the Notice: You have the right to receive a paper copy of this notice at any time. To receive a copy, please request it from our privacy contact person identified on the last page of this notice.

Change to this Notice: We reserve the right to change this Notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information previously received about you or information that we may receive about you in the future. We will post a copy of the current notice in our facility. Our notice will indicate the effective date on the first page, in the top right hand corner. We will also give you a copy of our current notice upon request.

Other Uses and Disclosures of Your Protected Health Information: Other uses and disclosures of personal health information not covered by this notice or applicable by law will be made only with your written authorization. If you give us your written authorization to use or disclose your personal health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your personal health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization and that we are required to retain our records of care that we have provided to you.

Complaints: If you believe your privacy rights have been violated, you may file a complaint us or with the Secretary of the Department of Health and Human Services. You may file a complaint by mailing us a written description of your complaint or by telling us about your complaint in person or over the phone.

Alinda Harris – Privacy Officer

Extended Arm Physicians, Inc
1725 W Fourth Street
Montgomery, AL 36106

Phone: 334-262-2071

Please describe what happened and give us the dates and names of everyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

If you feel like your privacy rights have been violated, you can also file a complaint with the Office of Civil Rights, U.S Department of Health and Human Services. There will be no retaliation for filing complaints. The address for the OCR is listed below:

Office of Civil Rights, US Department of Health and Human Services
200 Independence Ave. S W
Room 509F, HHH Building
Washington D.C. 20201