

April 14, 2003

Dear Patient:

First Care has always protected the confidentiality of your health information by sealing medical records away in file cabinets and refusing to reveal your information. Today, state and federal laws also attempt to ensure the confidentiality of this sensitive information.

The federal government recently published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals, and other health care providers and health plans. Physicians have until April 14, 2003, to comply with the privacy rule's standards for protecting the confidentiality of your health information.

This new regulation protects virtually all patients regardless of where they live or where they receive their health care. Every time you see a physician, are admitted to the hospital, fill a prescription, or send a claim to a health plan, your physician, the hospital or other health care provider will need to consider the privacy rule. All health information including paper records, oral communications, and electronic formats are protected by the privacy rule.

The privacy rule also provides you certain rights, such as the right to have access to you medical records. However, there are exceptions; these rights are not absolute. We also take precautions here at First Care to safeguard your health information such as training our employees and employing computer security measures. Please feel free to ask our staff or our privacy officer about exercising your rights or how your health information is protected here at First Care.

The Notice of Privacy Practices attached to this letter explains our privacy practices. It contains important information about how your confidential health information is handled by First Care. It also describes how you can exercise your rights with regard to your protected health information.

Please let us know if you have any questions about our Notice of Privacy Practices. You may contact our privacy officer at 205-344-9019, or discuss any questions you may have with our staff.

Notice of Privacy Practices

PURPOSE:

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.

This notice takes effect on April 14, 2003 and remains in effect until we replace it.

1. Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We created a record of the care and services you receive at First Care. We need this record to provide you with quality care and to comply with certain requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. Our Legal Duty

Law Requires Us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice now in effect.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. 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.

Notice of change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request

3. Use and Disclosure of Your Medical Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked by First Care to sign a consent form. Once you have consented use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, First Care will use or disclose your protected health information as described in this section. Your protected health information may be used and disclosed by your

physician, our office staff and others outside of your office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of First Care.

Following are examples of the types of uses and disclosures of your protected health information care that First Care is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by First Care once you have provided consent.

Please note that if you refuse to provide your consent to us, we will refuse treatment.

For Treatment:

First Care will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information.

Examples:

- We will disclose protected health information to other physicians who may be treating you when we have the necessary permission to disclose your protected health information.
- Your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- We may also disclose protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your First Care physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your First Care physician.

For Payment:

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided for medical necessity, and undertaking utilization review activities.

Examples:

- Obtaining approval for an outpatient procedure or test may require that your relevant protected health information be disclosed to your health plan to obtain approval for the test or procedure.
- If First Care is your primary care physician as required by your insurance company obtaining any necessary referrals to see other physician specialists.

For Health Care Operations:

We may use or disclose, as needed, your protected health information in order to support the business activities of First Care. These activities include, but not limited to, quality assessment activities, employee review ratings, licensing, marketing and conducting or arranging for other business activities.

Examples:

- We will use a sign-in sheet at the registration desk where you will be asked to sign your name.
- We will call you by name in the waiting room when the First Care physician is ready to see you.

First Care will share your protected health information with third party “business associates” that perform various activities (e.g. transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains the terms that will protect the privacy of your protected health information.

First Care may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer in writing to request that these materials not be sent to you.

4. Additional Uses and Disclosures

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Notification:

Medical information to notify or help notify:

- A family member
- Your personal representative
- Another person responsible for your care

We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. 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 professional judgment. We will use our professional judgment to make decisions in your best interest before allowing someone to pick up prescriptions, medicine, medical supplies, x-ray or medical information for you.

Communication Barriers:

We may use and disclose your protected health information if your physician at First Care attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment that you intend to use or disclose under the circumstances.

Research in Limited Circumstances:

We may use and disclose your protected health information for research purposes in limited circumstances where the research has been approved by the medical director and/or review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Required by Law:

We may disclose your protected health information in response to a court order, subpoena, discovery request, or other lawful process. Under limited circumstances, such as a court order, warrant, or subpoena, we may share your protected health information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution.

Law Enforcement:

Under certain circumstances, we may disclose your protected health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of law enforcement officials, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

Public Health Activities:

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your protected health information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Health Oversight Activities:

We may disclose your protected health information to an agency providing health oversight or oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions or other authorized activities.

Victims of Abuse, Neglect, or Domestic Violence:

We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect, or domestic violence or the possible victim of crimes. We may share your medical information if it is necessary to prevent a serious threat to your health and safety or the health or safety of others. We may share your protected health information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers' Compensation:

First Care may disclose your protected health information as authorized to comply with worker's compensation laws and other similar legally established programs.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization:

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke your authorization, at any time, in writing, except to the extent that First Care has taken an action in reliance on the use and disclosure indicated in the authorization.

5. Your Individual Rights

You have the right to:

A. ***Inspect and copy your health information.*** With a few exceptions, you have the right to inspect and obtain a copy of your health information. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this section.

Note: If you request copies we will charge you a reasonable fee.

B. ***Request to correct your health information.*** You may request that we change 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 with a written explanation. You may respond with a statement of disagreement that will be added to the information you want 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.

C. ***Request restrictions on certain uses and disclosures.*** You have the right to ask for restrictions on how your health information is disclosed, even if the restriction affects your

treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to your family or friends involved in your care or payment of medical bills. However, we are not required to agree in all circumstances to your requested actions.

D. *As applicable, receive confidential communication of health information.* You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We will accommodate reasonable requests. All requests to communicate in a different way or place must be made in writing to the contact person listed at the end of this notice.

E. *Receive a record of disclosures of your health information.* In some limited instances, you have the right to ask for a list of the disclosures of your protected health information we have made during the previous six years. The request cannot include dates before April 14, 2003. This list must include the date of the disclosure, who received the disclosed protected health information, a brief description of the protected health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list of disclosures made to you, or for the purposes of treatment, payment, health care operations, research, as required by law, law enforcement, public health activities, health oversight activities, worker's compensation or for victims of abuse or neglect.

F. *Obtain a paper copy of this notice.* Upon your request, you may at any time receive a paper copy of this notice. This notice of privacy will be posted on our website at: www.firstcaremd.com.

G. *Complain.* If you believe your privacy rights have been violated, you may file a complaint with us and with the Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact the person listed at the end of this form, you will be provided with the necessary assistance and paperwork.

6. Questions and Complaints

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

First Care Family Medical Center
Derick Beem
Administrator
2330 University Blvd
Suite 501
Tuscaloosa, AL 35406
205-344-9019

FIRST CARE CLINIC
FIRST CARE OCCUPATIONAL HEALTH CENTER

NOTICE OF PRIVACY PRACTICES

Acknowledgement Form

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

Name: _____

Signature: _____

Date: _____

Chart Number: _____