

NOTICE OF PRIVACY PRACTICES

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

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at this office. A copy may be obtained by mailing a request to Firelands Physician Group, 1031 Pierce, Ste D, Sandusky OH 44870.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Your Authorization. Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke the authorization in writing unless we have taken any action in reliance to the authorization.

Uses and Disclosures for Treatment. We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations. We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include billing services, transcription, etc

Family and Friends Involved in Your Care. With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care. If you are unavailable, incapacitated, or facing an emergency medical condition, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited

personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services performed through contracts with outside persons or organizations, such as billing services, transcription, etc. At times it is necessary for us to provide certain aspects of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your health information.

Confidential Communications. We may contact you to provide appointment reminders or a test result. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. You may request such confidential communication in writing and may send your request to the Privacy Officer.

Health Products and Services. We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

Research. In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases we will obtain your specific authorization.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. We may release your personal health information for:

- Any purpose required by law;
- For public health activities, such as required reporting of disease, injury, any birth or death, and for required public health investigations;
- As required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- To your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;
- If required by law to a government oversight agency conducting audits, investigation, or civil or criminal proceedings;

- If required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- To law enforcement officials as required by law to report wounds and injuries from crimes;
- To coroners and/or funeral directors consistent with law;
- If necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your personal health information if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities, and;
- To workers' compensation agencies if necessary for your workers' compensation benefit determination: and
- In any other circumstance specifically permitted under Ohio law, to the extent that such law has been deemed to be preempted by HIPAA, as determined by the Ohio State Bar Association or a court of competent jurisdiction.

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. Pursuant to ORC, Firelands Physician Group has the right to charge you for the copying of your medical records as follows:

- Two dollars and eighty eight cents (\$2.88) per page for the first ten pages;
- Sixty cents (.60) per page for pages eleven through fifty;
- Twenty four cents (.24) per page for pages fifty-one and higher;
- One dollar and ninety seven cents (\$1.97) flat fee for administration other;
- With respect to data maintained or recorded other than on paper, the actual cost of making the copy;
- The actual cost of any related postage incurred by Firelands Physician Group.

You may request such information in writing and may send your request to the Privacy Officer.

Amendments to Your Personal Health Information. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may

request an amendment to your information in writing and may send your request to the Privacy Officer.

Accounting for Disclosures of Your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the address noted at the end of this document. You will be charged a fee of Fifteen dollars (\$15.00) for each subsequent accounting you request within the same 12-month period. You may request such an accounting in writing and may send your request to the Privacy Officer.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to request restrictions on certain aspects of our uses and disclosures of your personal health information for treatment, payment or health care operations. A restriction request form can be obtained from the address noted at the end of this document. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the contact address noted at the end of this document.

Complaints. If you believe your privacy rights have been violated, you can file a complaint to the Privacy Officer at Firelands Physician Group, 1031 Pierce Street, Ste D, Sandusky OH 44870, or by telephone at (419) 557-5530.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Acknowledgement of Receipt of Notice. You will be asked to sign an acknowledgement form that you received this Notice of Privacy Practices.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer at Firelands Physician Group, 1031 Pierce Street, Ste D, Sandusky OH 44870, or by telephone at (419) 557-5530.

EFFECTIVE DATE

The Notice of Privacy Practices is effective April 14, 2003.