

PROMEDICA, INC.
(The Promedica Psychiatry Group)

NOTICE OF PRIVACY PRACTICES

*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*

Promedica, Inc. and/or The Promedica Psychiatry Group are one in the same and will be referred to in this Notice of Privacy Practices (“Notice”) as “Promedica”. This Notice is given to you by Promedica to describe the ways in which Promedica may use and disclose your medical information (called “protected health information” or “PHI”) and to notify you of your rights with respect to PHI in the possession of Promedica. Promedica protects the privacy of PHI, which also is protected from disclosure by state and federal law. In certain circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, PHI can be used by Promedica or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

Uses and Disclosures for Treatment, Payment and Health Care Operations.

Promedica may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you.

For Treatment. Promedica may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including disclosure of PHI for treatment activities of another health care provider. These types of uses and disclosures may take place between physicians, nurses, technicians, students, and other health care professionals who provide health care services to you or are otherwise involved in your care.

For Payment. Promedica may use and disclose PHI in order to bill and collect payment for the health care services provided to you. For example, Promedica may need to give PHI to your health plan in order to be reimbursed for the services provided to you.

Promedica may disclose PHI to their business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. Promedica may also disclose PHI to other health care providers and health plans for payment activities of such providers or health plans.

For Health Care Operations. Promedica may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you. Other activities include provider training, underwriting activities, compliance and risk management activities, planning and development, as well as management and administration. Promedica may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes. These disclosures help make sure that Promedica is complying with all applicable laws, and are continuing to provide health care to patients at a high level of quality. Promedica may also disclose PHI to other health care providers and health plans for certain of their operations, including their quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance, provided those providers and plans have, or have had in the past, a relationship with the patient who is the subject of the information.

For Sharing PHI Among the Facility and Medical Staff.

Promedica works with psychiatrists, physicians and other health care providers on their medical staff to provide medical services to you when you are a patient at Promedica. Promedica will share PHI with them and its staff as needed to perform joint treatment, payment and health care operations activities.

Other Uses and Disclosure for which Authorization is Not Required. In addition to using or disclosing PHI for treatment, payment and health care operations, Promedica may use and disclose PHI without your written authorization under the following circumstances:

As Required by Law and Law Enforcement. Promedica may use or disclose PHI when required by law. Promedica also may disclose PHI when ordered to in a judicial or administrative proceeding, in response to subpoenas or discovery requests, to identify or locate a suspect, fugitive, material witness, or missing person, about criminal conduct, to report a crime, its location or victims, or the identity, description or location of a person who committed a crime, or for other law enforcement purposes.

For Public Health Activities and Public Health Risks. Promedica may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

For Health Oversight Activities. Promedica may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors. Promedica may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

Research. Promedica may use and disclose PHI for medical research purposes.

To Avoid a Serious Threat to Health or Safety. Promedica may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

Specialized Government Functions. Promedica may use and disclose PHI of military personnel and veterans under certain circumstances, and may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

Workers' Compensation. Promedica may disclose PHI to comply with workers' compensation or other similar laws that provide benefits for work-related injuries or illnesses.

Appointment Reminders; Health-related Benefits and Services. Promedica may use and disclose PHI to remind you of an appointment, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs.

Disclosures to You or For HIPAA Compliance Investigations. Promedica may disclose your PHI to you or to your personal representative, and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Promedica must disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Uses and Disclosures to Which you May Object. You may object to the following uses and disclosures of PHI that Promedica may make:

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care. Unless you object, Promedica may disclose your PHI to a family member, other

relative, friend, or other person you identify as involved in your health care or payment for your health care. Promedica may also notify those people about your location and/or condition.

Other uses and Disclosures of PHI For Which Authorization is Required. Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which you have the limited right to revoke in writing.

Regulatory Requirements. Promedica is required by law to maintain the privacy of your PHI, to provide individuals with notice of their legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. Promedica reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before Promedica makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in registration and admitting areas.

You have the following right regarding your PHI:

You may request that Promedica restrict the use and disclosure of your PHI. Promedica is not required to agree to any restrictions you request, but if it does so it will be bound by the restrictions to which it agrees except in emergency situations.

You have the right to request that communications of PHI to you from Promedica be made by particular means or at particular locations. For instance, you might request that communications be made to you via mail at home or work, or to an email address via computer. Your request must be in writing and sent to Promedica. Promedica will accommodate your reasonable request without requiring you to provide a reason.

Generally, you have the right to inspect and copy your PHI in the possession of Promedica, if you make a request in writing to our Privacy Officer.

Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), Promedica will inform you of the extent to which your request has or has not been

granted. In some cases, Promedica may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, Promedica may impose a reasonable fee to cover copying, postage, and related costs. If Promedica denies access to your PHI, it will explain the basis for denial and your opportunity to have your denial reviewed by a licensed health care professional (not involved in the initial denial decision) designated as a reviewing official. If Promedica does not maintain the PHI you request, and, if it knows where that PHI is located it will tell you how to redirect your request.

If you believe that your PHI maintained by Promedica contains an error or needs to be updated, you have the right to request that Promedica correct or supplement your PHI.

Your request must be made in writing to Promedica's Privacy Officer and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Promedica will inform you of the extent to which your request has or has not been granted. Promedica generally can deny your request if your request relates to PHI (i) not created by Promedica; (ii) that is not part of the records Promedica maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, Promedica will give you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Promedica's denial attached; and (iii) complain about the denial.

You generally have the right to request and receive a list of disclosure of your PHI Promedica has made during the six (6) years prior to your request (but not before April 14, 2003). The list will not include disclosures (i) for which you have provided a written authorization; (ii) for treatment, payment, and health care operations; (iii) made to you; (iv) for persons involved in your health care; (v) for national security or intelligence purposes; (vi) to correctional institutions or law enforcement officials; or (vii) of a limited data

set. You should submit any such request to the Privacy Officer and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Promedica will respond to you regarding the status of your request. Promedica will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of \$25.00 for each additional request.

You have a right to receive a paper copy of this Notice upon request. To obtain a paper copy of this Notice, please contact the Privacy Officer at Promedica.

You may complain to Promedica if you believe your privacy rights with respect to your PHI have been violated by contacting the Privacy Officer at Promedica and submitting a written complaint. Promedica will not penalize you or retaliate against you for filing a complaint regarding its privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

If you have any questions about this Notice, Please contact the Privacy Officer at Promedica (770) 554-8812.

Effective Date: March 1, 2003.

Patient or Entity Written Receipt of Promedica's HIPAA Privacy Practices

I certify with my signature below that I have received or been offered and refused a copy of the Privacy Practices of Promedica, Inc. (The Promedica Psychiatry Group). Also, I have been notified that the Privacy Practices Officer of Promedica, Inc. (The Promedica Psychiatry Group) is R. W. Harrell and that I can send appropriate written correspondence to him at to follow address:

R. W. Harrell, Privacy Officer
Promedica, Inc.
4460 Atlanta Highway, Suite B
Loganville, GA

Print Name

Legal Guardian (if applicable)

Signature

Signature of Legal Guardian (if applicable)

___/___/___
Date

Witnessed and received by:

Print Name

Signature

(Forward the original copy of this acknowledgment receipt to the Privacy Officer of Promedica)