

RAPID CARE WALK-IN MEDICAL GROUP, INC

EFFECTIVE DATE: 04/14/2003

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 medical practice attains health information about you and stores it in a chart and on computer. This is your medical record. While the information in the medical record belongs to you, the medical record itself is the property of this medical practice. We are committed to preserving the privacy and confidentiality of your health information, which is created and/or maintained at our medical office. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This includes any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

How we may use or disclose your Health Information

Treatment: We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians, health care providers, a laboratory or a pharmacist who will provide services that you need.

Payment: We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. We also may disclose health information in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.

Health Care Operations: We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff.
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or with the person answering the phone.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, or providing translation, such as your family or a friend you bring with you. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures, for example if that person comes into the exam room with you. We also may notify your family about your location or general condition or disclose such information, in an emergency, to an entity assisting in a disaster relief effort. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Marketing: We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with promotional items. We may also encourage you to purchase a product or service when we see you.

THERE ARE CERTAIN INSTANCES IN WHICH WE MAY BE REQUIRED OR PERMITTED BY LAW TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION.

We may disclose your Health Information in accordance to this section in the following instances:

As required by law: When required by federal, state, or local law to do so. For example when the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials.

Public Health Activities: To public health authorities that are authorized by law to receive and collect for the purpose of preventing or controlling disease, injury or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.

Health Oversight Activities: To a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be made if necessary: 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

Judicial or administrative proceedings: To courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process.

Law Enforcement Official: In response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.

Decedents: To funeral directors, coroners or medical examiners to enable them to carry out their lawful duties. For example for identifying a deceased individual or to determine the cause of death.

Organ or tissue donation: If you are an organ donor we may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Public Safety: When necessary to prevent a serious threat to the health or safety of you or other individuals pursuant to applicable law.

National Security and Intelligence Activities: To authorized federal officials for intelligence, counter-intelligence, and other national security activities as authorized by law.

Workers' Compensation: In order to comply with laws and regulations related to Workers' Compensation.

Change of Ownership: In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Research: For research under certain circumstances. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION.

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, except to the extent that we have already taken some action in reliance upon your authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your Protected Health Information.

Right to Inspect and Copy: You have a right to inspect and copy health information that may be used to make decisions about your care or payment for your care. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. To inspect and copy this health information, you must make your request in writing. We will charge a fee, as allowed by California law.

Right to Amend or Supplement: You have the right to request an amendment of your health information that is maintained by or for our medical office and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) is accurate and complete; (b) is not part of the information which you are permitted

to inspect and copy; or (c) was not created by us, unless the person or entity that created the information is no longer available to make the amendment. To request an amendment, you must make your request in writing.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of your health information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information. A written request is required specifying what information you want to limit and what limitations you would like to impose on our use or disclosure of that information, except with regards to payment for services. We reserve the right to accept or reject your request. If we do agree, that agreement must be signed by you and an authorized representative of this medical practice.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communication, you must make your request, in writing. We will accommodate reasonable requests submitted in writing which specify how or where you wish to receive these communications.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

OUR OBLIGATIONS:

- Maintain the privacy of protected health information;
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- Abide by the terms in this Notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations;

CHANGES TO THIS NOTICE

We will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future.

We will post a copy of the current Notice, identified by its "effective date", in our medical office.

Be sure to request a copy of the most current (amended or revised) Notice on your first visit following the effective date.

QUESTIONS or COMPLAINTS

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please **ask the receptionist for our Privacy Officer**. If you believe your privacy rights have been violated, you may file a complaint with our on site Privacy Officer. If a favorable resolution has not been reached, you may contact our Compliance Officer at:

Compliance Officer
4062 Flying C/Road # 31
Cameron Park, Ca 95682
(530) 676-8980

If not resolved:

Secretary of the Department of Health and Human Services
Office of Civil Rights, Hubert H. Humphrey Bldg.
200 Independence Ave. S. W Room 509F HHH Building
Washington, DC 20201

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
&
CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT,
PAYMENT, OR HEALTH CARE OPERATIONS

I hereby acknowledge that I understand and have been provided with a copy of Rapid Care Walk-In Medical Group Inc.'s Notice of Privacy Practice. I further acknowledge that I have been informed that a copy of the current notice is posted in the reception area.

I understand that this medical practice reserves the right to change their notice of Privacy Practices and that any change, identified by its "effective date", will be posted in the reception area.

I will be sure to request a copy of the most current (amended or revised) Notice on my first visit following the effective date

I consent to the use and disclosure of my protected health information to carry out treatment, payment, or health care operations.

Effective date of notice: **04/14/2003**

Signature of patient or patient's representative

Date

Printed Name of Patient or patient's representative

Relationship to patient, or representative's
Authority to act for the patient, if applicable

OFFICE USE ONLY

Reason acknowledgement was not obtained: _____

Effective date of notice: _____

Signature of patient or patient's representative

Date

Printed Name of Patient or patient's representative

Relationship to patient, or representative's
Authority to act for the patient, if applicable

OFFICE USE ONLY

Reason acknowledgement was not obtained: _____
