

## NOTICE OF HEALTH INFORMATION 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.

Medical Facilities of America Inc. (MFA) and its affiliated Healthcare Centers (collectively the "Healthcare Center") are required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. The Healthcare Center will not use or disclose your health information except as described in this notice. This notice applies to all of the medical records generated by the Healthcare Center.

### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:**

The following categories describe the ways that the Healthcare Center may use and disclose your health information.

**Treatment:** The Healthcare Center will use your health information in the provision and coordination of your health care. We may disclose all or any portion of your medical record information to your attending physician, consulting physician(s), nurses, technicians, medical students, and other health care providers who have a legitimate need for such information in your care and continued treatment. Different departments may share medical information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. The Healthcare Center also may disclose your medical information to people outside the Healthcare Center who may be involved in your medical care after you leave the Healthcare Center, such as family members, clergy and others used to provide services that are part of your care.

**Treatment Alternatives:** The Healthcare Center may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Family/Friends:** The Healthcare Center may release medical record information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Healthcare Center. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Payment:** The Healthcare Center may release medical information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, third party payer (including the Federal or State Government) or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedures and supplies used.

**Routine Healthcare Operations:** The Healthcare Center may use and disclose your medical information during routine healthcare operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of the Healthcare Center, medical research and educational purposes.

**Healthcare Center Directory:** The Healthcare Center may include certain limited information about you in the Healthcare Center directory while you are a patient at the Healthcare Center. This information may include your name, location in the Healthcare Center, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This is so your family and friends can visit you in the Healthcare Center and generally know how you are doing. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

**Health Related Business and Services:** The Healthcare Center may use and disclose your medical information to tell you of health-related benefits or services that may be of interest to you.

**Business Associates:** The Healthcare Center may use and disclose certain medical information about you to business associates. A business associate is an individual or entity under contract with the Healthcare Center to perform or assist the Healthcare Center in a function or activity which necessitates the use or disclosure of medical information. Examples of business associates, include, but are not limited to, physician services in the emergency department, a copy service used by the Healthcare Center to copy medical records, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. The Healthcare Center requires the business associate to protect the confidentiality of your medical information.

**Research:** Under certain circumstances, the Healthcare Center may use and disclose medical information about you to researchers when their clinical research study has been approved by Medical Facilities of America, Inc. While most clinical research studies require specific patient consent, there are some instances where a retrospective record review with no patient contact may be conducted by such researchers. For example, the research project may involve comparing the health and recovery of certain patients with the same medical condition receiving one medication to those patients who are receiving another medication.

**Organ Procurement Organizations:** To the extent allowed by law, the Healthcare Center may disclose your medical information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant. For example, the Healthcare Center is required to disclose a positive communicable disease test result before or after transplantation to the medical director or executive director of the

organ procurement organization and the United Network for Organ Sharing ("UNOS"), pursuant to UNOS regulations.

**Marketing:** The Healthcare Center may disclose certain contact information to a third party to provide marketing materials and information to you.

**Regulatory Agencies:** The Healthcare Center may disclose your medical information to the Federal, State or local governments or other health oversight agencies for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies, e.g. Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") to monitor the healthcare system, government programs, and compliance with civil rights.

**Law Enforcement/Litigation:** The Healthcare Center may disclose your medical information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**Public Health:** As required by law, the Healthcare Center may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, the Healthcare Center is required to report the existence of a communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to the Oklahoma State Department of Health to protect the health and well-being of the general public.

**Workers Compensation:** The Healthcare Center may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Military/Veterans:** The Healthcare Center may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

**Inmates:** If you are an inmate of a correctional institute or under the custody of a law enforcement officer, the Healthcare Center may release your medical record information to the correctional institute or law enforcement official.

**Required by Law:** The Healthcare Center will disclose medical information about you when required to do so by law. For example, the Healthcare Center may disclose certain medical information to those persons who have a risk exposure related to a communicable disease, pursuant to Virginia law.

**Coroners, Medical Examiners, Funeral Directors:** The Healthcare Center may release your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. The Healthcare Center may also release your medical information to funeral directors as necessary to carry out their duties.

**Other Uses:** Any other uses and disclosures will be made only with your written authorization.

**PATIENT HEALTH INFORMATION RIGHTS:** Although all records concerning your treatment obtained at the Healthcare Center are the property of the Healthcare Center, you have the following rights concerning your medical information.

**RIGHT TO RESTRICT USE OF PROTECTED HEALTH INFORMATION:** You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request. Should you wish to request such restriction, please advise the Healthcare Center's Administrator in writing.

**RIGHT TO INSPECT, COPY, OR AMEND PROTECTED HEALTH INFORMATION:** You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction.

**RIGHT TO ACCOUNTING OF DISCLOSURE OF PROTECTED HEALTH INFORMATION:** You have the right to request an accounting of the disclosures of Protected Health Information by us.

**RIGHT TO A COPY OF THIS NOTICE:** You have the right to request to receive a paper copy of this notice upon request. If you would like a copy of this notice, please advise the Healthcare Center administrator in writing.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:** If you have questions and would like additional information, you may contact: the Healthcare Center Administrator. If you believe your privacy rights have been violated, you may file a complaint with Medical Facilities of America, Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with Medical Facilities of America Inc., please contact MFA's Privacy Officer at (540)989-3618. There will be no retaliation for filing a complaint.

**CHANGES TO THIS NOTICE:** The Healthcare Center will abide by the terms of the notice currently in effect. The Healthcare Center reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

**NOTICE EFFECTIVE DATE:** The effective date of the notice is January 1, 2003.