

CABOT MEDICAL CARE 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.

If you have any questions about this notice, please contact: the HIPAA Compliance Officer.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations and for any other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. By calling the office, you may request a revised copy of this notice be sent to you.

TREATMENT

We will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. We may disclose your PHI to physicians, laboratories or any other health care related entities. For example, your PHI 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.

PAYMENT

Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include making a determination of eligibility or coverage for insurance benefits, reviewing services provided for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your insurance carrier to obtain approval for the hospital admission.

HEALTHCARE OPERATIONS

We may use or disclose, as needed your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

We will share your PHI with third party business associates that perform various activities (e.g., billing, transcription services) for this 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 terms that will protect the privacy of your protected health information.

We may use or disclose your PHI as necessary to provide you with the information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities.

USES AND DISCLOSURE 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 as described below. You may revoke this

authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use and disclosure indicated in the authorization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURE THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. 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 judgement, 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.

OTHERS INVOLVED IN YOUR HEALTHCARE

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief effort and to coordinate uses and disclosures to family or other individuals involved in your health care

EMERGENCIES

We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practical after the delivery of your treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

COMMUNICATION BARRIERS

We may use and disclose your PHI if your physician or any physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgement, that your intention is to consent to use or disclose under the circumstances.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

REQUIRED BY LAW. As required by law we may use and disclose your PHI.

PUBLIC HEALTH. As required by law, we may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the food and drug administration problems with products and reactions to medications and reporting disease or infection exposure. We may disclose your PHI if authorized by law to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

HEALTH OVERSIGHT ACTIVITIES. We may disclose your PHI to health agencies during the course of audits, investigation, inspections, licensure and other proceeding including government programs.

ABUSE OR NEGLECT. We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

FOOD AND DRUG ADMINISTRATION. We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS. We may disclose your PHI in the course of any administrative or judicial proceedings.

LAW ENFORCEMENT. We may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person complying with a court order or subpoena and other law enforcement purposes.

DECEASED PERSON INFORMATION. We may disclose your PHI to coroners, medical examiners and funeral directors.

ORGAN DONATION. We may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.

RESEARCH. We may disclose your PHI to researchers conducting research that has been approved by an institutional review board or this organization's privacy board.

PUBLIC SAFETY. We may disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

SPECIALIZED GOVERNMENT FUNCTIONS. We may disclose your PHI for military, national security, prisoner and government benefits purposes.

WORKER'S COMPENSATION. We may disclose your PHI as necessary to comply with worker's compensation law.

MARKETING. We may contact you to provide appointment reminders or to give you information about other treatments or health related benefits and services that may be of interest to you.

CHANGE OF OWNERSHIP. In the event that this organization is sold or merged with another organization, your health information/record may or may not become the property of the new owner. The ownership of medical records is the subject of varied state laws.

YOUR RIGHTS

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise your rights.

You have the right to request restriction on certain uses and disclosures of your PHI. This organization is not required to agree to the restriction you have requested.

You have the right to receive your health information through a reasonable alternative means or at an alternative location.

You have the right to inspect and copy your health information. Under federal law however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable

anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Please contact our privacy officer if you have any questions about access to your medical record.

You have a right to request that this organization amend your health information that is incorrect or incomplete. This organization is not required to change your information and will provide you with information about our denial.

You have a right to receive an accounting of disclosures of your health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, to family members or friends involved in your care, directory listings and certain government functions. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

COMPLAINTS

Complaints about this Notice of Privacy Practices or how this organization handles your health information should be directed to our Compliance Officer at (501) 843-4555. If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to the Secretary of Health and Human Services.

This notice was published and becomes effective on April 14, 2003.