

## HIPAA POLICY AND PROCEDURES

### NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: APRIL 14, 2004

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

THIS NOTICE DESCRIBES HOW 1776, LTD. EMPLOYEE INJURY BENEFIT PLAN (THE "PLAN"), WILL USE AND DISCLOSE YOUR HEALTH INFORMATION, WHETHER RECORDED IN YOUR MEDICAL RECORD, INVOICES, PAYMENT FORMS, VIDEOTAPES OR OTHER WAYS.

#### I. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

In certain circumstances, the Plan is permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object, including:

##### 1. Permitted Uses and Disclosures

a. Uses or disclosures for purposes relating to treatment, payment and health care operations:

- (1) Treatment. The Plan may use or disclose your health information for the purpose of providing, or allowing others to provide, treatment to you. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation. Also, the Plan may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- (2) Payment. The Plan may use or disclose your health information for the purpose of allowing the Plan, as well as other entities, to secure payment for the health care services provided to you. For example, the Plan may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing the Plan's claim for the health care services provided to you.
- (3) Health Care Operations. The Plan may use or disclose your information for the purposes of the Plan's day-to-day operations and functions. For example, the Plan may compile your health information, along with that of other patients, in order to allow a

team of the Plan's health care professionals to review that information and make suggestions concerning how to improve the quality of care provided by the Plan.

- b. When required by required to do so by federal, state or local law;
- c. For public health purposes, such as any required or permitted disclosure to report diseases, injuries, or vital statistics, or reactions to medications or problems with products or to notify people of recalls of products they may be using, or who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition ;
- d. To disclose information about victims of abuse, neglect, or domestic violence;
- e. To disclose 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.
- f. For judicial or administrative proceedings, such as any lawsuit in which your health information is relevant to the proceedings;
- g. To law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.
- h. To assist coroners, medical examiners or funeral directors with their official duties;
- i. To facilitate organ, eye or tissue donation;
- j. When instances of imminent and serious threat exists as to your health or safety or that of the public or another person;
- k. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
- l. For workers' compensation purposes, as permitted by Texas law.

2. Other Permitted Uses and Disclosures.

To the extent authorized by law, we may disclose your health information to your family or other individuals identified by you when they are involved in your care or the payment for your care. We will only disclose the health information directly relevant to their involvement in your care or payment. We may also use or disclose your health information to notify a family member or another person responsible for your care of your location, general condition or death.

We will determine whether a disclosure to your family or friends is in your best interest, and then, to the extent allowed by law, we will disclose only the health information that is directly relevant to their involvement in your care.

Except as described above, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless the Plan has taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

## II. YOUR RIGHTS

1. To Request Restrictions. You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. The Plan is not required to agree to your request. If the Plan does agree to a restriction, it will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, obtain the Plan form and submit that form to the Contact Person listed on the final page of this Notice.
2. To Confidential Communications. You have the right to receive confidential communications about your own health information. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, obtain a Plan form and submit that form to the Contact Person listed on the final page of this Notice.
3. To Access and Copy Health Information. You have the right to inspect and copy most health information about you. To arrange for access to your records, or to receive a copy of your records, obtain a Plan form and submit that form to the Contact Person listed on the final page of this Notice. If you request copies, you will be charged the Plan's regular fee for copying and mailing the requested information.
4. To Request Amendment. You may request that your health information be amended. Your request may be denied under certain circumstances. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which the Plan will keep on file and distribute with all future disclosures of the information to which it relates. To amend any information, obtain a Plan form and submit that form to the Contact Person listed on the final page of this Notice.
5. To an Accounting of Disclosures. You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in the Plan's patient directory, or disclosures made to

persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2004, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are incidental to another permissible use or disclosure, or (ix) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks the Plan not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, obtain a Plan form and submit that form to the Contact Person listed on the final page of this Notice.

6. To a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice upon request.

### III. THE PLAN'S DUTIES

1. The Plan is required by law to maintain the privacy of your health information and to provide you with this Notice of its legal duties and privacy practices.
2. The Plan is required to abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make those changes applicable to all health information that the Plan maintains. Any changes to this Notice will be posted at the Plan, and will be available upon request.

### IV. COMPLAINTS

You can complain to the Plan and to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To make a complaint to the Plan, please file a written complaint with the Contact Person set forth below. This Contact Person will also provide you with further information about the Plan's privacy policies upon request. No action will be taken against you for filing a complaint.

### V. DESIGNATED CONTACT PERSON:

Suzanne Shive, the Privacy Officer, is the designated contact person for the Plan. You may contact Suzanne Shive at 210-340-9559.