

NOTICE OF PATIENT INFORMATION PRACTICES

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

OUR COMMITMENT TO SAFEGUARD YOUR MEDICAL AND PERSONAL INFORMATION

LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE is committed to protecting the privacy of your medical and personal information. This includes information that can be used to identify you that we create. It also includes information that we receive about your past, present or future health or condition, health care you've received, or the payment for this health care. We are required by law to maintain the privacy of your medical information and must provide you with this Notice that explains how, when and why we use and disclose medical information about you. With some exceptions, we may not use and disclose any more of your medical information than is necessary to accomplish the purpose of the use or disclosure. Your healthcare or any other personal information will not be disclosed in any way to any third party except as described in this Notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU Uses and Disclosures Without Authorization

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, medical, physical or occupational therapy students, and other health care personnel who provide you with health care services or are involved in your care.

For Payment. We may use and disclose medical information about you in order to bill and collect payment for the treatment and services we provide you. For example, we may need to give your insurance company information as to the treatment you received, so that it will pay for your care. We may also contact your insurance company to obtain prior approval for treatment you are going to receive or to determine whether it is covered by your plan.

We may also provide medical information about you to our business associates, such as billing companies, claims processing companies, and others that process our health care claims. We require these business associates to appropriately safeguard the privacy of your information and not to disclose it to anyone else.

We may also provide information to other health care providers that have treated you or provided services to you to assist us or them in obtaining payment.

For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE, and to make sure that all of our patients receive quality care. For example, we may use your medical information in order to evaluate the quality of health care services you received or to evaluate the performance of the health care professionals who provide health care services to you. We may also disclose medical information about you to another health care provider or health plan with which you have a relationship for such things as quality assurance and case management. We may also provide medical information about you to our business associates, attorneys, consultants, and others to make sure that we're complying with the laws that affect us. We require that these business associates appropriately safeguard the privacy of your information.

Appointment Reminders and Services. We may use and disclose medical information about you to provide appointment reminders or test results.

Health-Related Products and Services. We may use and disclose medical information about you to tell you about health-related products or services necessary for your treatment, to advise you of new products and services that we offer, to provide general health, fitness and wellness information.

Individuals involved in your care or payment for your care. We may use and disclose medical information about you to a family member, friend, or other person who is involved in your care or the payment for your health care. We may disclose medical information about you to an organization assisting in disaster relief efforts so that your family can be notified about your condition, status and location. You have the right during registration to restrict what information is provided and/or to whom.

As Required By Law. We will disclose information about you when required to do so by Federal, State or local law. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with gunshot wounds, to report reactions to medications or problems with products, or to notify people of recalls of products they may be using.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any such disclosure, however, would only be to someone able to help prevent the threat or lessen such harm.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may use and disclose medical information about you in response to a court or administrative order. We may also use and disclose medical information about you in response to a court or administrative ordered subpoena or discovery request, but only after efforts have been made to tell you about the request.

Public Health Activities. We may disclose medical information about you for public health activities. For example, we may report information about various diseases as required by law.

Health Oversight Activities. We may disclose medical information 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.

Minors. We may release medical information about minors to their parents or legal guardians. However, in instances where Arizona law allows minors to consent to their own treatment, information will not be released to a minor's parents without the minor's consent unless otherwise specifically allowed under Arizona law.

Workers' Compensation. We may release medical information about you for workers' compensation or similar agencies as necessary to determine if you are eligible for benefits for work-related injuries or illness.

Military and Veterans. If you are a member of the Armed Forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose medical information about you to the Department of Veteran's Affairs upon your separation or discharge from military services. This disclosure may be necessary to determine if you are eligible for certain benefits.

Employers. We may release medical information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either 1) to conduct an assessment relating to a medical examination of your workplace, or 2) to determine the extent of your work-related illness or injury. In such circumstances we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you sign a specific authorization for the release of that information to your employer.

National Security and Intelligence. We may use and disclose medical information about you for national security purposes, such as protecting the President of the United States, or foreign heads of state, or for conducting intelligence operations.

Uses and Disclosures Requiring Authorization

Other Uses and Disclosures of Medical Information. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization; however, we cannot take back any disclosures we have already made based on your prior permission.

HIV/AIDS Information. Use and disclosure of any medical information about you relative to HIV testing, HIV status, or AIDS, is protected by Federal and State law. Generally, an authorization must be obtained for the disclosure of such information; however State law may allow for disclosure of information for public health purposes.

WHAT RIGHTS YOU HAVE REGARDING YOUR MEDICAL INFORMATION

The Right To Inspect and Copy. You have the right to inspect and receive a copy of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. We will respond to you within 30 days of receiving your written request, or within 60 days if the records are not stored on the premises. We will notify in writing if it will take longer for us to respond.

To inspect and receive a copy of medical information that may be used to make decisions about you, you may contact the person listed below in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

We may deny your request in certain limited situations, such as when research is in progress. If we do, we will advise you in writing in a timely manner of our reasons for the denial and information on how you may have the denial reviewed. We will comply with the outcome of any such review.

The Right To Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose for treatment, payment, or health care operations. You may not limit the uses and disclosures that we are legally required or allowed to make. You also have the right to request a limit on medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. To request restrictions on the use or disclosure of your medical information, you may do so when you register, or at any time by contacting the person below. Your request must include 1) what information you want to limit, 2) whether you want to limit our use, disclosure, or both, and 3) to whom you want the limits to apply (for example, disclosures to your spouse). A previously agreed to restriction may be terminated by you or by LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE in writing. If we terminate the restriction, we can only use or disclose medical information we create or obtain after the restriction is removed.

We May Deny Your Request. LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE will review any request to limit the disclosure of your health-related information on a case-by-case basis. We will not treat you until this review has been made and we have agreed to the request. If we do agree to your request, we will comply with it unless the information is needed to provide you emergency treatment.

The Right To Amend. If you believe that medical information we have about you is incorrect or incomplete, you have the right to request that we correct the existing information or add the missing information. You have the right to request the amendment for as long as the information is kept by LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE. To request an amendment, you must provide the request in writing along with the reason for the request to the person listed below. We will respond within 60 days of your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the medical information is 1) correct and complete, 2) not created by us, 3) not allowed to be disclosed, or 4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your personal health information. If we approve your request, will make the change to your personal health information, tell you that we have done it, and tell others that need to know about the change in your personal health information.

The Right To Accounting Of Disclosures. You have the right to request an "accounting of disclosures". This is a list of instances in which we have disclosed medical information about you, with certain exceptions specifically defined by law. The list will not include certain uses or disclosures, such as those you have specifically authorized and those that are otherwise permitted, such as ones made for treatment, payment, or health care operations, directly to you, or to your family. To request this accounting of

disclosures, you must submit your request in writing to the person listed below. Your request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free-of-charge. Subsequent lists during the same year will incur a charge for the cost of providing the list. You may choose to withdraw or modify your request at that time before any costs are incurred. We will respond within 60 days of receiving your request. We will notify you in writing if we need an additional 30 days to respond. The list we will give you will include the date of each applicable disclosure, to whom the information was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure.

The Right To Request Confidential Communications. You have the right to ask that we send information to you to an alternate address (for example, if you want appointment reminders to not be left on an answering machine or if you want information sent to your work address rather than your home address). We will agree to all reasonable requests so long as we can easily provide it in the format you requested. To request that medical information be sent to an alternative address or by other means, please contact the person below.

The Right to a Paper Copy Of This Notice. You have the right to receive a paper copy of this Notice at any time. To obtain a paper copy of this notice, please contact the person listed below.

CONCERNS AND COMPLAINTS

If you believe that we may have violated your rights with respect to your medical information, you may file a written complaint with the person listed below. You may also send a written complaint to the US Department of Health and Human Services within 180 days of an alleged violation of your rights. You will not be penalized for filing a complaint about our privacy practices. You will not be required to waive this right as a condition of treatment.

For further information on LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE's health information practices or if you have a complaint, please contact our Administration Director, 25 Riviera Blvd, Lake Havasu City, AZ 86403, Telephone (928) 505-5555 x11.

CHANGES

We reserve the right to change the terms of this Notice and our privacy policies at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) CONSENT

I consent to the use or disclosure of my protected health information (PHI) by LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE Rehabilitation Group for the purpose of Treatment, Payment and Health Care Operations*. I have read a copy of the Notice of Privacy Practices and understand I have a right to review it prior to signing this document.

I UNDERSTAND:

- Σ Service to me may be conditioned upon my consent as evidenced by my signature on this document.
- Σ I have the right to request certain restrictions as to how my PHI is used or disclosed to carry out treatment, payment, or health care operations of the practice. LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE is not required to agree to the restrictions that I may request. However, if LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE agrees to a restriction that I request, the restriction is binding on LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE.
- Σ I have the right to revoke this consent, in writing, at any time, except to the extent that LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE has taken action in reliance on my consent.
- Σ My PHI means health information, including demographic information, collected from me and created or received by my physician, another health provider, a health plan, and a health care clearinghouse. This PHI relates to my past, present or future physical or mental health or condition and identifies me; or, there is a reasonable basis to believe the information may identify me.

THE NOTICE OF PATIENT INFORMATION PRACTICES DESCRIBES:

- Σ The types of uses and disclosures of my PHI that will occur in my treatment, payment of my bills, or in the performance of health care operations performed by LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE.
- Σ My rights and the duties of LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE with respect to my PHI. **PLEASE COMPLETE THIS FORM AND MAIL OR FAX TO:**

Administration Director
 LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE
 1791 Mesquite Ave.
 Lake Havasu City, AZ 86403 Fax (928) 855-7452

LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE reserves the right to change its privacy practices. The current notice can be obtained from the LAKESIDE PHYSICAL THERAPY REHAB AND SPORTS MEDICINE website at lakesideptandrehab.com, or by contacting the person above.

 Patient Name

 Signature Date

***Treatment** includes activities performed by a health care provider, office staff, and other types of health care professionals providing care to you, coordinating your care with third parties, and consultations with and between other health care providers. **Payment** includes activities involved in determining your eligibility for health plan coverage, billing, and receiving payment for your health benefit claims, and utilization management activities which may include review of health care services for medical necessity, justification of charges, pre-certification and pre-authorization. **Health Care Operations** includes the necessary administrative and business functions of our practice.