

Pacific Frontier Medical, Inc.

Notice of Privacy Practices

Effective Date: April 14, 2003

Required by Federal Regulation 45 CFR 164.520

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

Our Pledge Regarding Your Health Information

We understand that information about you and your health are confidential. We are committed to protecting the privacy of this information. Each time you visit the doctor(s) in person or via a phone consultation, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care created by any of our health care personnel or your physician. This notice describes your health care information privacy rights and the obligations of Pacific Frontier Medical, Inc. has regarding how we may use and disclose you health information.

Our Responsibilities

Federal and California law makes us responsible for safeguarding your personal health information. We must provide you with this notice of our privacy practices and follow the terms currently in effect.

Changes to this notice: we reserve the right to change this notice. We reserve the right to make the revised or changes notice effective for health information we already have on file about you as well as any information we receive in the future. We will post a copy of the current notice throughout our organization. A copy of this notice will be available at the office location of your doctor visit.

How we may use and disclose health information about you

The following categories describe different ways that we use your health information within the practice of Pacific Frontier Medical, Inc. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses disclosures that will require your specific authorization.

Treatment: Your health information may be used to provide or coordinate our medical treatment and services. We may disclose health information to doctors, nurses, technicians, medical students, interns and other allied health personnel who are involved in providing for your well-being during your visit(s) with us. We also may communicate information to another health care provider for the purpose of coordinating your continuing care.

Payment: We may use and disclose your information for billing and to arrange for payment from you, an insurance company, a third party or a collection agency. This also may include the disclosure of health information to obtain authorization for treatment and procedure from your insurance plan.

Health Care Operations: Uses and disclosure of health information are necessary to operate our practice and to make sure all our patients receive quality care. We may also use and disclose relevant health information about you for health care operations. Examples include quality assurance credentials, administrative activities including Pacific Frontier Medical, Inc.'s practice and business planning and development, customer service activities including investigation of complaints, and certain marketing activities such as health education options for treatment and services.

Business Associates: There are some services provided in our organization through contracts with business associates. Example of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement stating they will appropriately safeguard your health information.

Appointment reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care with our organization. These appointment reminders may be in the format of a phone message, a text message, an email, a postcard or a letter.

Special Situations That Do Not Require Your Authorization

Federal and California law permits the following disclosures of your health information without and verbal or written permission from you:

Organ and Tissue Donations: we may release health information to organizations that handle organ, eye or tissue procurements or transplantations.

Research that does not involve your treatment: When a research study does not involve any treatment, we may disclose your health information to researchers after an Institutional Review Board has reviewed the research proposal, established appropriate procedures to ensure the privacy of your health information, and waived the need for your authorization.

Military & Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Averting a serious threat to health or safety: When necessary, we may use and disclose health information about you to prevent a serious threat of your health or to the health and safety of another person or the public.

Health oversight activities: We may disclose health information to a health oversight agency for activities authorized by law. The oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor health care systems, government programs and compliance with civil rights laws.

Public health activities: We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births or deaths
- To report child and adult abuse or neglect
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

Lawsuits and disputes: If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law enforcement: We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant summons or similar process
- To identify or locate suspect, fugitive, material witness or missing person

- To identify the victim of a crime if, under certain circumstances, we are unable to obtain the person's authorization
- To release medical information about a death we believe may be the result of criminal conduct
- To provide information about criminal conduct at our facility
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of a person who committed the crime.

Coroners, medical examiners and funeral directors: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral directors as necessary to carry out duties.

National security and intelligence activities: We may disclose health information about you to authorized federal officials for intelligence, counter intelligence and other national security activities authorized by law.

Inmates: if you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care to protect your health and safety and the health and safety of others, and to protect the safety and security of the correctional institution.

Legal requirements: We will disclose health information about you without your permission when required to do so by federal or California law.

Your Verbal Agreement

Individuals involved in your care or payment for your care: With your verbal agreement, we may disclose health information about you to a family member or friend who is involved in your medical care. In addition, we may disclose health information about you to an entity assisting in disaster relief efforts (such as the Red Cross) so that your family can be notified about your condition, status and location.

Situations requiring your written authorization

If there are reasons we need to use your information that has not been described in the sections above, we will obtain written permission. This permission is described as written "authorization". If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization we will no longer use or disclose your health information about you for the reasons stated in your written authorization. Please understand we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care we provided you.

Your rights regarding health information about you

You have the following rights regarding health information we maintain about you. You may contact our health information representative, (reception) to obtain additional information and instructions for exercising the following rights:

You have the right to:

1. Obtain a copy of the Pacific Frontier Medical, Inc. **Notice of Privacy Practices**
2. Request a restriction on certain uses and disclosures of your information. This request must be in writing. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment. However, if our system capabilities will not allow us to comply with your request, then we are not required to do so. We can only address requests for

the practice of Pacific Frontier Medical, Inc. Your request will not extend to other external organizations that work with our practice.

3. Inspect and request a copy of your health record. This request for inspection or copies must be in writing and directed to the medical records department of Pacific Frontier Medical, Inc. A reasonable fee for copies will be charged. We may deny your request under limited circumstances.
4. Request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be made in writing and it must include a reason to support the request. We may deny your request if the information was not created by our health care team, if it is not part of the information kept by our entity, if it is not part of the information which you are permitted to inspect and copy, or if the information is accurate and complete as stated.
5. Obtain an accounting of disclosure to others of your health information. The accounting will provide information about disclosures made for purposes other than treatment, payment, health care operations. Disclosures excluded by law or those you have authorized.
6. Request confidential communication. You have the right to request that we communicate only with you about health issues in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will accommodate all requests that are reasonable based on our system capabilities. Your request must be in writing and specify the exact changes you are requesting.
7. Revoke your authorization. You have the right to revoke your authorization for us to use or disclosure of your health information except to the extent has already been taken.
8. Complain about any aspect of our health information practices to us or to the United States Department of Health and Human Services. Complaints about this notice or how Pacific Frontier Medical, Inc. handles you health information should be directed in writing to:

Pacific Frontier Medical, Inc
Privacy Officer
1098 Foster City Blvd. Suite 305
Foster City, CA 94404

You may also submit a formal complaint in writing to the Secretary of the United States Department of Health and Human Services.