



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.

MedBridge and its Affiliates (each defined below), are committed to the protection and privacy of Protected Health Information (defined below). This Notice of Privacy Practices (“**POLICY**”), describes how MedBridge may use and disclose the Protected Health Information of an individual (“**PATIENT**”, “**YOU**” OR “**YOUR**”), in order to provide certain services, to obtain payment for such services and to carry out other purposes that are described herein or permitted or required by law.

MedBridge is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”) to maintain the privacy of Protected Health Information and to provide you with notice of MedBridge’s legal duties and privacy practices concerning Protected Health Information. MedBridge is required to abide by the terms of this Policy so long as it remains in effect. MedBridge reserves the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Policy effective for all Protected Health Information maintained by MedBridge.

POLICY

1. DEFINITIONS.

“**AFFILIATE**” of MedBridge means any legal entity in which MedBridge, directly or indirectly, controls or is under common control with that legal entity.

“**CONTROL**” means the direct or indirect possession of the power to direct or cause the direction of the management and policies of an entity, whether through ownership, by contract or otherwise. ”

“**MEDBRIDGE**”, “**WE**”, “**US**” or “**OUR**” means MedBridge Healthcare LLC together with its Affiliates.

“**PROTECTED HEALTH INFORMATION**” (“**PHI**”) means individually identifiable health information, as defined by HIPAA, that is created or received by MedBridge and that relates to the past, present, or future physical or mental health or conditions of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

2. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION.

The following categories describe different ways that MedBridge uses and discloses PHI. For each category of uses and disclosures MedBridge will explain what is covered, and where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways MedBridge is permitted or required to use and disclose PHI will fall within one of the categories.

2.1. YOUR AUTHORIZATION. Except as outlined below, MedBridge will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that MedBridge has taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and MedBridge has the right, to contest a claim under the coverage or the coverage itself.

2.2. USES AND DISCLOSURES FOR PAYMENT. MedBridge may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, MedBridge may use information regarding your medical procedures and treatment to process and pay claims. MedBridge may also disclose your PHI for the payment purposes of a health care provider or a health plan.

2.3. USES AND DISCLOSURES FOR HEALTH CARE OPERATIONS. MedBridge may use and disclose your PHI as necessary for health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your insurance coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your insurance coverage.

2.4. FAMILY AND FRIENDS INVOLVED IN YOUR CARE. If you are available and do not object, MedBridge may disclose your PHI to your family, friends, and others who are involved in your care or the payment of a claim. If you are



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unavailable or incapacitated and MedBridge determines that a limited disclosure is in your best interest, MedBridge may share limited PHI with such individuals. For example, MedBridge may use professional judgment to disclose PHI to your spouse concerning the processing of a claim.

2.5. BUSINESS ASSOCIATES. At times MedBridge consults outside persons or organizations to help provide you with the services or certain portions of the services. Examples of these outside persons and organizations might include vendors that help process your claims. At times, it may be necessary for MedBridge to provide certain of your PHI to one or more of these outside persons or organizations.

2.6. OTHER PRODUCTS AND SERVICES. MedBridge may contact you to provide information about other health-related products and services that may be of interest to you.

2.7. OTHER USES AND DISCLOSURES. MedBridge may make certain other uses and disclosures of your PHI without your authorization.

- DISCLOSURES REQUIRED BY LAW. MedBridge may use or disclose your PHI for any purpose required by law. For example, MedBridge may be required by law to use or disclose your PHI to respond to a court order.
- DISCLOSURES REQUIRED BY PUBLIC HEALTH AUTHORITIES. MedBridge may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- DISCLOSURES PERMITTED BY LAW. MedBridge may disclose your PHI to the proper authorities if we suspect child abuse or neglect; MedBridge may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- DISCLOSURES REQUIRED BY GOVERNMENT OVERSIGHT AGENCY. MedBridge may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- DISCLOSURES REQUIRED BY COURT PROCEEDING. MedBridge may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- DISCLOSURES REQUIRED BY LAW ENFORCEMENT. MedBridge may disclose your PHI to the proper authorities for law enforcement purposes.
- DISCLOSURES REQUIRED FOR DECEASED PERSON INFORMATION. MedBridge may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- DISCLOSURES REQUIRED FOR ORGAN DONATION. MedBridge may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- DISCLOSURES REQUIRED FOR RESEARCH PERMITTED BY LAW. MedBridge may use or disclose your PHI for research purposes, but only as permitted by law.
- DISCLOSURES REQUIRED BY PUBLIC SAFETY. MedBridge may use or disclose PHI to avert a serious threat to health or safety.
- DISCLOSURES REQUIRED BY SPECIFIC GOVERNMENT FUNCTIONS. MedBridge may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- DISCLOSURES PERMITTED BY WORKER'S COMPENSATION LAWS. MedBridge may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- DISCLOSURES REQUIRED BY DEPARTMENT OF HEALTH AND HUMAN SERVICES. MedBridge will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.
- DISCLOSURES NECESSARY TO PROVIDE APPOINTMENT REMINDERS. We may use your PHI to contact you to provide appointment reminders.
- DISCLOSURES TO BUSINESS ASSOCIATES. We may disclose your PHI to business associates who perform health care or billing operations for us and who commit to respect the privacy of your PHI.



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In the event applicable law, other than HIPAA, prohibits or materially limits MedBridge's uses and disclosures of Protected Health Information, as described above, we will restrict the uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

3. RIGHTS THAT YOU HAVE.

3.1. ACCESS TO YOUR PHI. You have the right of access to copy and/or inspect your PHI that MedBridge maintains in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Access request forms are available from MedBridge at the address below.

3.2. AMENDMENTS TO YOUR PHI. You have the right to request that PHI that MedBridge maintains about you to be amended or corrected. MedBridge is not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from MedBridge at the address below.

3.3. ACCOUNTING FOR DISCLOSURES OF YOUR PHI. You have the right to receive an accounting of certain disclosures made by MedBridge of your PHI. Examples of disclosures that MedBridge is required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from MedBridge at the address below.

3.4. RESTRICTIONS ON USE AND DISCLOSURE OF YOUR PHI. You have the right to request restrictions on certain uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that MedBridge not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. MedBridge is not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. MedBridge retains the right to terminate an agreed-to restriction if MedBridge believes such termination is appropriate. In the event of a termination by MedBridge, you will be notified of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting MedBridge at the telephone number or address below.

3.5. REQUEST FOR CONFIDENTIAL COMMUNICATIONS. You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. MedBridge is required to accommodate reasonable requests if you inform MedBridge that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to MedBridge at the address below.

3.6. RIGHT TO A COPY OF THE NOTICE. You have the right to a paper copy of this Policy upon request by contacting MedBridge at the telephone number or address below.

3.7. COMPLAINTS. If you believe your privacy rights have been violated, you can file a complaint with MedBridge in writing at the address below. You may also file a complaint in writing with the Secretary of the U. S. Department of Health and Human Services in Washington, D. C. , within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

4. FOR FURTHER INFORMATION.

If you have questions or need further assistance regarding this Policy, you may contact MedBridge's Compliance Department.

MedBridge Healthcare LLC
430 Woodruff Rd. Suite 450
Greenville, South Carolina 29607
855-488-7443

YOUR SIGNATURE ON THE PATIENT SERVICE AGREEMENT ACKNOWLEDGES THAT YOU HAVE RECEIVED A COPY OF THIS NOTICE OF HIPAA PRIVACY PRACTICES POLICY.