



Notice of Privacy Practices

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This ACT gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. If you sign a Consent Form, we may use and disclose your medical records only for each of the following purposes: treatment, payment and health care options.

- TREATMENT means providing, coordinating, or maintaining health care and related services by one or more health care providers. As an example of this would include a physical examination.
- PAYMENT means such activities as obtaining reimbursement for services, conforming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- HEALTH CARE OPTIONS: include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer services. An example of this would be an internal quality assessment review.

We may also create and distribute de-identified by removing all references to individually identifiable information. We may, without prior consent, use or disclose protected health information to carry out treatment, payment or health care operations in the following circumstances. In emergency treatment situations, if we attempt to obtain such consent as soon as reasonably practicable after the delivery of such treatment. If we are required by law to treat you, and we attempt to obtain such consent but are unable to obtain such consent; or if we attempt to obtain your consent but are unable to do so due to substantial barriers to communicating with you, and we determine that, in our professional judgement, you consent to receive treatment clearly inferred from the circumstances.

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

Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by your written request, except to the extent that we already taken actions relying on your authorization.

We have the following rights with respect to your protected health information, which you can exercise by presenting a written request, except to the extent that we already taken actions relying on your authorization.

- The right to request restriction on certain issues and disclosures of protected health information, including those related to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The rights to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.

- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy policies with respect to protected health information. This notice is effective as of December 31, 2002 and we are required to abide by the terms of our Notice of Privacy Policies currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of revised Notice of Privacy Practices from the office. You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below or with the Department of Health and Human Services, Office of Civil Rights, about violations of provisions of this notice of the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

USAAJJ Medical
 1523 B Heritage Lane
 Florence, SC 29505
 843.673.0900

For more info about HIPAA or to file complaint The US Dept Of Health & Human Service Office
 200 Independence Ave. S.W.
 Washington, DC 20201
 1.877.696.6775

The followings persons may have access to my protected health information:

Name

Relationship to Me

Name

Relationship to Me

I acknowledge I have reviewed a current copy of this practices Notice of Privacy Practices ("HIPAA")

Signature

Date