

NOTICE OF PRIVACY PRACTICES OF SOUTHWEST GENERAL MEDICAL GROUP, INC.

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.

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer of Southwest General Health Center located at 18697 Bagley Road, Middleburg Hts, Ohio 44130 or by calling 440-816-4719.

This Notice of Privacy Practices describes how Southwest General Medical Group, Inc., including its staff, volunteers and other members of its workforce, may use and disclose your Protected Health Information/electronic Protected Health Information (“PHI/ePHI”). PHI/ePHI is information that may identify you and that describes your physical or mental health condition and your health care services.

We are required by law to maintain the privacy of our patients’ PHI/ePHI and to provide you with this notice of our legal duties and privacy practices. We are required to follow the terms of this Notice, so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and any new Notice will be effective for all PHI/ePHI. You have a right to receive a copy of the currently effective Notice at any Southwest General Medical Group, Inc. practice, or a copy may be obtained by mailing a request to the Southwest General Medical Group’s administrative office.

I. USES AND DISCLOSURES OF YOUR PHI/ePHI

Your Authorization. The ways in which we may use or share your PHI/ePHI without separate authorization are listed below. We are prohibited from selling your PHI/ePHI without your authorization, as well as other uses and disclosures for which the Privacy Rule requires your authorization (i.e. marketing purposes and disclosure of psychotherapy notes, where appropriate). We will not use your PHI/ePHI for any *other* purpose unless you have signed a form authorizing the use or disclosure. When state or federal law requires a special consent or authorization, we will make all reasonable efforts to obtain such consent or authorization. You have the right to revoke an authorization to release your information if you do so in writing, however, such revocation will not apply to any action we have taken based on your original authorization.

Uses and Disclosures without Separate Authorization

For Treatment. We may use and share your PHI/ePHI as necessary to provide, coordinate or manage your health care treatment. We may also share your PHI/ePHI with another health care provider who is not associated with us but who provides medical treatment to you. For example, doctors and nurses involved in your care may use your medical information to plan a course of treatment for you. This information may also be shared with other health care providers, for instance, if you are being treated by a Southwest General Medical Group, Inc. physician, that physician may discuss your treatment with another physician who is also caring for you. We may disclose mental health PHI/ePHI (with the exception of psychotherapy notes) under HIPAA and state law, to other health care providers for purposes of continuity of care.

For Payment. We may use and share your PHI/ePHI as necessary to receive payment for the health care services provided to you. For instance, we may forward information regarding treatment you received to your insurance company to obtain payment for the services provided to you unless you have paid out of pocket in full for your health care and have requested that we restrict disclosure of your PHI/ePHI to your health plan with respect to such information.

For Health Care Operations. We may use and share your PHI/ePHI as necessary for our health care operations which include clinical improvement, business management, accreditation and licensing and defending ourselves in any legal action. For instance, your care may be reviewed at one of our quality review committees where we regularly review care rendered to patients. We may also, as permitted by law, share your PHI/ePHI with another health care provider, or health plan for their health care operations.

Family, Friends or Others Involved in Your Care. Unless you object, we may from time to time disclose your PHI/ePHI to family, friends, and others whom you have designated or who are with you in the Health Center and involved in your care in order to assist in their involvement in caring for you or paying for your care. If you are unavailable to agree or object, or are facing an emergency medical situation or in the case of a public disaster, we may share limited PHI/ePHI with your family and friends or to an organization that is involved in disaster relief efforts if we believe such a disclosure is in your best interest.

Business Associates. Certain aspects of our services may at times be performed through arrangements with outside persons or organizations, for example, auditing services; and at times, outside persons or organizations may assist us in our care for you. At times it may be necessary for us to provide your PHI/ePHI to these outside persons or organizations that assist us. In all cases, we require these business associates to safeguard the privacy of your information in the same manner in which we are required to safeguard your privacy.

Appointments, Health Products and Services. We may contact you to remind you about an appointment, inform you about test results or to inform you about possible treatment options and alternatives or health-related products or services that might be of interest to you.

Alternative Means of Communication. You have the right to request we communicate with you by particular means or locations, such as if you wish appointment reminders not to be left on voice mail or if you do not wish for mail to be sent to your home. We will honor reasonable requests. You should make such requests by contacting the Southwest General Medical Group's Privacy Officer.

To Public Health Authorities and Government Oversight Agencies. We may release your PHI/ePHI to public health authorities for any purpose required by law such as reporting of certain diseases and injuries, births and deaths and for required health investigations. We may also release your PHI/ePHI if required by law to a government oversight agency conducting audits, licensure review or similar activities.

Abuse, Neglect and Law Enforcement. We may release your PHI/ePHI if such information causes us to suspect abuse or neglect which we are required or permitted by law to report to authorities. We may also release your PHI/ePHI as required by law if we believe you are a victim of abuse, neglect or violence. We may also release your PHI/ePHI to law enforcement officials as required or permitted by law to report wounds, injuries and suspicion of certain crimes.

Food and Drug Administration. We may release your PHI/ePHI to the Food and Drug Administration or its designee, if necessary, to report such things as adverse reactions, product defects, or to participate in product recalls.

Releases to Employers. We may release your PHI/ePHI to your employer when we have provided services to you at the request of your employer to determine workplace-related illness or injury. We may also release your PHI/ePHI to workers' compensation agencies, if necessary, for your workers' compensation benefit determination.

Judicial and Administrative Activities. We may release your PHI/ePHI if required to do so by court order or validly issued subpoena or for any other official judicial or governmental administrative action.

Funeral Directors/Coroners/Organ Donation Agencies. We may release your PHI/ePHI to coroners and/or funeral directors consistent with law and we may also release your PHI/ePHI, if necessary, to arrange an organ or tissue donation from you or a transplant for you.

For Public Health Reasons or the Safety of Others. We may release your PHI/ePHI in limited instances if we suspect a serious threat to someone else's or the public's health or safety, such as to notify persons that they have been exposed to a communicable disease or are in danger, or in cases of investigating outbreaks of disease.

Military/National Security. We may release your PHI/ePHI as required by armed forces services if you are a member of the military; we may also release your PHI/ePHI if required by law for national security or intelligence activities.

Other Disclosures Required By Law. We may use your PHI/ePHI if we are otherwise required by law to share the information.

II. RIGHTS THAT YOU HAVE

Access to Your PHI/ePHI. You have the right to inspect and request copies of your PHI/ePHI that we keep. We will charge you a reasonable cost-based fee for such copies and any postage. You must make such requests in writing to the individual Southwest General Medical Group, Inc. practice. If you are denied access to your records, you have the right to an explanation as to the legal basis for the denial and to object to such denial in writing to the Southwest General Medical Group practice.

Amendments to Your Protected Health Information. You have the right to request that the PHI/ePHI we maintain about you be changed or corrected. We are not obligated to make all requested changes but will give each request careful consideration. All requests must be in writing and must state the reasons for the change requested. If a change you request is made by us, we may also notify others who have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the Southwest General Medical Group or the Southwest General Privacy Officer.

Accounting for Sharing of Your PHI/ePHI. You have the right to know to whom we shared your PHI/ePHI for reasons other than your treatment, payment for our services or our operations. The first accounting in any 12-month period is free; you will be charged a reasonable cost-based fee for each subsequent accounting you request within the same 12-month period. Requests must be made in writing to the Southwest General Privacy Officer.

Restrictions on Use and Sharing of Your PHI/ePHI. You have the right to request us to restrict how we use and release your PHI/ePHI. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. A restriction request form can be obtained from the Privacy Officer. You have the right to terminate any agreed-to restriction at any time. You also have the right to restrict disclosures of your PHI/ePHI to your health plan with respect to health care for which you have paid out of pocket in full.

Breach Notification. You have the right to receive notification of breaches of your unsecured PHI/ePHI.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer. You may also file a complaint 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 against you for filing a complaint.

Acknowledgment of Receipt of Notice. You will be asked to sign an acknowledgment that you received this Notice of Privacy Practices.

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer of Southwest General Health Center located at 18697 Bagley Road, Middleburg Hts, Ohio 44130 or by calling 440-816-4719.

This Notice of Privacy Practices is effective August 1, 2013.