



NOTICE OF PRIVACY PRACTICES

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

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.

This notice takes effect on April 14, 2003 and remains in effect until we replace it.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at Premiere Medical Center, Inc., and we need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY

Law Requires Us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Notify you if there has been an intentional breach of security involving your medical information.
4. Follow the terms of the notice that is now in effect.

We Have The Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make any important changes to our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

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 doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to other health care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes. We have a written contract with each business associate, such as a billing service, that requires them to protect your privacy.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES: We may use and disclose medical information for the following purposes:

- To contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointment. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.
- In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- We may release some or all of your health information when required by law.
- If this practice is sold, your information will become the property of the new owner.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- As we will need to contact you from time to time, we will use whichever phone number or address you prefer.
- We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. Look at or get copies of your medical information. If you desire a copy of any X-ray, the charge is \$6 per page. If you desire a copy of your records, Premiere will provide you with them on a compact disc ("CD") for a fee of \$30.00. You must make your request in writing.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing.
5. Request that we change or amend your medical information. This request must be written. We may or may not make the changes you request. We will include your request in your file. If we agree to amend or change your information, we will not remove or alter earlier documents, but will add new information to your file.
6. Transfer copies of your health information to another practice. We will mail the files for you.
7. If our privacy and security measures or systems are breached in any way, we will notify you.
8. Receive a copy of this notice

5. QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us at the address or phone number provided on this form. You may also submit a written complaint to the U.S. Department of Health and Human Services located at 200 Independence Ave., S.W. Room 509F, Washington, D.C. 20201. You will not be retaliated against for filing a complaint. If you choose to file a complaint, or for more information or assistance regarding your health information privacy, please contact our office and ask for the Privacy Officer.

6. ACKNOWLEDGMENT

I have received a copy of the Premiere Medical Center, Inc. of Burbank Notice of Privacy Practices.

Signature

Printed Name

Date

Patient's name, if signing as a parent or guardian