

MSO WASHINGTON, INC
(Adult Medicine Associates / The Home Doctor)
EFFECTIVE JUNE 1, 2011

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.

Overview

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice tells you about your rights regarding your protected health information. You get a copy of this Privacy Notice to keep. You can review your copy anytime to see what use is made of your health care records and who may see them. You have the right to approve or refuse the release of your protected health information except when the release is required or authorized by law.

This Notice:

- Describes your rights and our obligations regarding use of your health information.
- Informs you about laws that provide special protections.
- Explains how your protected health information is used and how, under certain circumstances, it may be disclosed.
- Describes your right to access and amend your health information.
- Tells you how changes in this Notice will be made available to you

MSO Washington, Inc is dedicated to protecting the privacy rights of our patients and the confidentiality of the information we receive in order to provide the highest level of care possible. Our policy has always been to keep your records safe. All of our employees and our business associates are required by law to protect the confidentiality of your health care information and abide by the terms of this Notice.

What is Protected Health Information?

By law, this Notice applies to protected health information. Protected health information is health care information created or received by MSO that identifies you and that relates to your past, present, or future physical or mental condition; the medical care provided; or the past, present, or future payment for your medical care. We will only request personal information needed to provide quality medical care, implement payment activities, conduct normal medical practice operations, and comply with the law.

The protected health information in your health care record may include:

- Your personal information, such as name, address, telephone number(s), Social Security Number, and employment data.
- Your medical information, such as medical history, symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services.

Among other purposes, your health care record serves as:

- A means of communication among the many health professionals who contribute to your care.
- The legal record describing the care you received.
- A means to verify that services billed were provided.
- A tool we use to improve the care we give and the outcomes we achieve.

MSO's Duties to You Regarding Your Protected Health Information

MSO is required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the Notice currently in effect.
- Communicate any changes in the Notice to you.

We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of each page. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post the current Notice in a prominent location in MSO's office(s) and on MSO's website. A copy of the current Notice is also available to you at your request.

Uses and Disclosures of Your Protected Health Information Without Your Authorization

Under HIPAA, MSO can use your protected health information without your prior written authorization for the following permitted uses and disclosures:

Treatment

We may use and disclose your health information to provide treatment. For example, we may share information to ensure continuity of care between our office and your other health care providers, as necessary and appropriate.

Payment

We may use and disclose your health information in order to collect payment for the services and treatment we provide. For example, it may be necessary to provide information to third parties such as insurance companies or other third-party payors.

Health Care Operations

We may use and disclose your health information in order to manage the administrative aspects of our office. This may include, for example, quality assessment activities or other uses in order to measure the quality of our work or to provide education to staff or health care providers.

Business Associates

We may share your health information with third-party "business associates" who perform various activities for MSO. For example, we may disclose information to third-parties who provide billing, transcription, or legal services. These business associates must agree to protect the confidentiality of your information.

To Contact You

We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. In addition, we may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, we may send you information about products or services that we believe might benefit you. Additionally, we may call you by name in the waiting room when your physician is ready to see you.

As Required by Law

We may use or disclose your protected health information to the extent required by law. This may include reporting abuse, neglect, or domestic violence, to comply with legal proceedings, or disclosures for law enforcement purposes.

Public Health

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or death.
- Report births and deaths.
- Report child abuse or neglect.
- Report information about communicable diseases and for other public health activities.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the FDA to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Enable product tracking, recalls, repairs, and replacements.
- Conduct post-marketing surveillance as required.

Health Oversight

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include agencies that oversee the health care system, government benefit and regulatory programs, and civil rights laws.

Legal Proceedings

We may disclose your protected health information during a judicial or administrative proceeding, in response to an order from a court or administrative tribunal, and in certain instances in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose your protected health information for law enforcement purposes, including, but not limited to, the following:

- Response to legal proceedings.
- Circumstances pertaining to victims of a crime.
- Deaths suspected from criminal conduct.

- Crimes occurring on MSO premises.
- Medical emergencies (not on MSO premises) believed to result from criminal conduct.

Coroners, Funeral Directors, and Organ Donations

We may disclose your protected health information to coroners or medical examiners for identification, to determine the cause of death, or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for organ, eye, or tissue donations.

Research

We may disclose your protected health information to researchers when authorized by law.

Criminal Activity

As governed by applicable laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious imminent threat to the health or safety of a person or the public.

Military Activity and National Security

If you are a member of the armed forces, we may disclose your protected health information as required by military authorities.

Workers' Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar programs.

Uses and Disclosures When You Have the Opportunity to Object

In some circumstances, you have the opportunity to agree or object to the use or disclosure of your protected health information. Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death.

Uses and Disclosures Requiring Your Authorization

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. If you provide us with written authorization, you may revoke it in writing at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on your authorization, or the law prohibits revocation.

Additional Protections For Some Protected Health Information

Special state and federal laws apply to certain types of health information. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

Your Rights Regarding Your Protected Health Information

You have rights related to the use and disclosure of your protected health information. To exercise the rights discussed below, please contact MSO's Privacy Officer:

Privacy Officer
MSO Washington, Inc
P.O. Box 98886
Lakewood, WA 98496-8886
253-984-7247 (tel)

Right to Request Restricted Use

You may ask us not to use or disclose any part of your protected health information for treatment, payment, and/or health care operations. You must make this request in writing. We are not legally required to agree to your request. If you make your request to MSO, we will provide you with written notice of our decision about your request. We will abide by mutually agreed upon restrictions except in emergency situations. Additionally, you have the right to request in writing that health care items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.

Right to Receive Confidential Communications

You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing and specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Inspect and Copy Your Health Information

In most cases, you have a right to inspect and request copies of your protected health information. All such requests must be in writing. We may charge you a fee to provide you with copies. Please be aware that MSO may deny your request to copy and inspect for the following reasons or record types: psychotherapy notes; information compiled in reasonable anticipation of, or use in, legal proceedings; and protected health information that is subject to a law that prohibits access to the information. However, we will provide you with notice of our decisions and in most cases you may seek review of the denial.

Right to Request Your Health Record be Amended

If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we make a correction or add information. In your request, you must give a reason for the amendment. We may deny your request, but we

will provide you with notice of our decisions and you may seek review of the denial. A copy of your request will be added to your record.

Right to an Accounting of Disclosures

You have the right to receive a list of instances in which we have disclosed your protected health information. The list will include disclosures made up to 6 years before the date of your request. Instances which will not appear on this list include disclosures for treatment, payment, or health care operations or when you authorized the use or disclosure. Your first requested accounting of disclosures is free of charge. Any additional requests within a year may be subject to a reasonable fee.

Right to Receive a Paper Copy of this Notice

You have the right to obtain a paper copy of this notice at any time by requesting a copy from MSO.

Right to Make a Complaint

If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, we urge you to notify us immediately. You may file a complaint with the MSO Privacy Officer using the contact information above. You can also notify the U.S. Department of Health and Human Services Office for Civil Rights :

U.S. Department of Health & Human Services
2201 Sixth Ave. - Mail Stop RX-11
Seattle, WA 98121-1831
206-615-2290 (tel)
206-615-2296 (TTY)
206-615-2297 (fax)

MSO and its employees will not retaliate against anyone for filing a complaint.

We thank you for being a patient at MSO Washington. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.