



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. If you have any questions about this Notice please speak with our receptionist, the center manager, or your doctor. You may also contact our Privacy Officer at (661)678-2600, or by email at Privacy.Officer@USHWorks.com.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. A new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. Copies of this notice are available from our receptionists, by mail, or by accessing our website <http://www.ushealthworks.com>.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form. The consent form helps ensure you understand how your protected health information will be used and disclosed as described in this notice. Your consent is not required for us to use and disclose your protected health information for treatment, payment and health care operations described below. However, obtaining your consent is desired. In general, your protected health information may be used and disclosed as permitted by law by USHW, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to other who pay your health care bills and to support the operation of the physician's practice. Protected Health Information (PHI) includes individually identifiable health information related to your past, present, or future physical and mental condition or payment for the same, including: general health records, medical history and other specific information as applicable, such as genetic information, drug and alcohol information, specific test results and mental health records. Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services, including but not limited to drug testing, physical examinations and injury and illness treatment. This includes the coordination or management of your health care with other medical professionals, physicians and practitioners. For example, we will disclose your protected health information, as necessary, to a clinical case manager involved in your care, and to other physicians who may be treating you or become involved in your care, such as a specialist. Your protected health information will be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, as permitted by law, the results of applicable tests required for employment purposes will be disclosed to designated individuals within your employer, for example, required test results to meet certain Department of Transportation (DOT) and OSHA surveillance requirements.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your employer or their agent, third-party administrators, and insurance carriers may undertake before approval or payment occurs for the health care services we provide or recommend for you. These activities may include making a determination of eligibility or coverage for insurance benefits, reviewing bill codes and supporting medical information for medical necessity, to justify charges, and to conduct utilization review activities.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, customer service, licensing, permitted marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to investigate suspected fraud and abuse, to evaluate our physicians' and other practitioners' performance, to resolve complaints and other grievances, and cost-management activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. 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 may be of interest to you.

We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, you may notify us and request that these marketing and fundraising materials not be sent to you.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for us. Whenever an arrangement between U.S. HealthWorks and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Uses and Disclosures of Protected Health Information based on your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke an authorization at any time in writing. Your revocation shall apply to future use and disclosure, but not to the extent that USHW has already taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: 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. If you are unable to object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your authorization but is unable to obtain your authorization, he or she may still use or disclose your protected health information to treat you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: We will use or disclose your protected health information when the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Workers' Compensation / Medical Surveillance: If you have a workers' compensation claim, are treated for a work-place illness or injury, or are evaluated as part of a workplace surveillance program your protected health information will be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs and to meet other requirements. This may include disclosure to state agencies; insurance carriers; your employer in general, and if your employer is financially responsible for the payment of care or medical evaluations provided to you, to designated individuals within your employer, or a designated third-party administrator that handles administrative activities for the employer. Your authorization to disclose information for workers' compensation and medical surveillance reasons is not required.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

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

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) when it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Code of Federal Regulations Section 164.500 et seq.

2. **Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and USHW's uses for making decisions about you.

Under Federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by written request.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to your physician.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for general notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer by e-mail at Privacy.Officer@USHWorks.com. We will not retaliate against you for filing a complaint. You may contact our **Privacy Officer** at **(661) 678-2600** or visit our website <http://www.ushealthworks.com/> for further information about our privacy practices or the complaint process.

This notice was published and became effective in November, 2010.

Joint Notice of Privacy Practice for separate Covered Entities

U.S. HealthWorks consists of the multiple Covered Entities* that rely on and abide by this common Notice of Privacy Practice. Your information may be shared as outlined in the Notice among the following entities as needed to carry out our health care operations and fulfill our duties:

U.S. HealthWorks Medical Group of Alaska, LLC*

U.S. HealthWorks Medical Group of Arkansas, Inc.*

U.S. HealthWorks of Arizona, Inc.

U.S. HealthWorks Medical Group of Arizona, PC*

USHW of California, Inc.

U.S. HealthWorks Medical Group, Prof. Corp., California*

Center for Specialty Care Medical Group, Inc.*

U.S. HealthWorks of Colorado, Inc.

U.S. HealthWorks Medical Group of Connecticut, Inc.*

U.S. HealthWorks Medical Group of Florida, Inc.*

U.S. HealthWorks of Georgia, Inc.

U.S. HealthWorks Medical Group of Georgia, PC*

U.S. HealthWorks of Indiana, Inc.

U.S. HealthWorks Medical Group of Indiana, PC*

U.S. HealthWorks Medical Group of Maine, Inc.*

U.S. HealthWorks of New Jersey, Inc.

U.S. HealthWorks Medical Group of New Jersey, PC*

U.S. HealthWorks of North Carolina, Inc.

U.S. HealthWorks Medical Group of North Carolina, PC*

U.S. HealthWorks of Ohio, Inc.

U.S. HealthWorks Medical Group of Ohio, Inc.*

U.S. HealthWorks of Pennsylvania, Inc.

U.S. HealthWorks Medical Group of Pennsylvania, PC*

U.S. HealthWorks of Texas, Inc.

U.S. HealthWorks Medical Group of Texas, Inc.*

U.S. HealthWorks Medical Group of Utah, Inc.*

U.S. HealthWorks of Washington, Inc.

U.S. HealthWorks Medical Group of Washington, PS*

USHW Holdings Corporation

U.S. HealthWorks, Inc.

U.S. HealthWorks Holding Company, Inc.

RUSHWING Properties, Inc.