

**HIPAA Privacy Practices
CompCare Medical Group, Inc.**

Effective Date: April 1, 2010

Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF COMPCARE MEDICAL GROUP, INC. (“CMG”), MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have questions about this Notice, please contact:

**Attention: Privacy Officer
CompCare Medical Group, Inc.
15944 Los Serranos Country Club Drive
Suite 110
Chino Hills, CA 91709**

This Notice describes CMG’s privacy practices and those of:

- Any health care professional authorized to enter information into your CMG chart.
- All current and future locations of CMG.
- All employees, staff and other CMG personnel.
- All of these locations follow the terms of this Notice. They may share medical information with each other for treatment, payment or CMG operations purpose described in this Notice.
- Any business associate of CMG that performs services for or on behalf of these entities is required by us to enter into a contract in which it undertakes to accord the same level of confidentiality to medical information that we afford.

OUR PRIVACY PRACTICES REGARDING MEDICAL INFORMATION

In order to provide you with quality care and to comply with legal requirements, we create a record of the care and services you receive from us. We understand that medical information about you and your health is personal. We are committed to maintaining the confidentiality of medical information about you. This Notice applies to all of the records of your care generated by us. We are required by law to:

Make sure that medical information that identifies you is treated confidentially;
Give you this Notice of Privacy Practices with respect to medical information about you; and
Follow the terms of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use your medical information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We may use your medical information in order to write a prescription for you, or we might disclose your medical information to a pharmacy when we order a prescription for you. Many of the people who work for CMG including, but not limited to, our doctors and nurses may use or disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your medical information to other health care providers for purposes related to your treatment.
- **For Payment.** We may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items. We may disclose your medical information to other health care providers and entities to assist in their billing and collection efforts.
- **For Health Care Operations.** We may use and disclose your medical information to operate our business. As examples of the ways in which we may use and disclose your medical information for our operations, we may use your medical information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for us. We may also combine medical information about many CMG patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose your medical information to your other health care providers to assist in their health care operations in certain situations such as conducting case management and review of treatment alternatives, reviewing or evaluating professional performance, training to increase the skills of practitioners and non-health care professionals, accreditation, certification, licensing, and credentialing.
- **For Appointment Reminders.** We may use and disclose your medical information to contact you and remind you of an appointment or reschedule an appointment.
- **For Treatment Alternatives** We may use and disclose your medical information to inform you of potential treatment options or alternatives that may be of interest to you.
- **For Health-Related Benefits, Products and Services.** We may use and disclose your medical information to inform you of health-related benefits or services that may be of interest to you.
- **For Individuals Involved in Your Care or Payment for Your Care.** Unless you request otherwise, we may release your medical information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a spouse or guardian may ask that a friend take their parent to us for treatment. In this example, the friend may have access to the parent's medical information.
- **For Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may

involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave us. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

- **For Disclosures Required by Law.** We will use and disclose your medical information when we are required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For instance, we report any defects in products or devices to those subject to Food and Drug Administration (FDA) oversight to ensure the safety of medical devices and products.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor or potential recipient, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities. These activities are

necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we are assured that efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court or other tribunal order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About suspected criminal conduct at CMG; and
 - In emergency circumstances, to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release medical information about patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information that we maintain about you:

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at home or by mail. To request confidential communications, we have a special form for that purpose which will be supplied to you if you ask for it. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to Request Restrictions.** You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your medical information to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your medical information, you must make a written request to the Privacy Officer whose contact information is provided at the beginning of this Notice.

To request restrictions, you must make your request in writing. We have a special form for that purpose which will be supplied to you if you ask for it. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply -- for example, disclosures to your spouse.

- **Right to Inspection and Copy.** You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your care, including patient medical records and billing records, but not including psychotherapy notes.

To inspect and copy your medical information, you must submit your request in writing. We have a special form for that purpose that can be obtained from the Privacy Officer whose contact information is provided at the beginning of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information for one of those reasons, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for us. To request an amendment, you must make a written request to the Privacy Officer whose contact information is provided at the beginning of this Notice.

You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the medical information kept by or for us; (c) not part of the medical information which you would be permitted to inspect and copy; or (d) not created by us, unless the individual or entity that created the information is not available to amend the information.

- **Right to an Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures we have made of your medical information for purposes not related to treatment, payment or operations. Use of your medical information by us as part of your routine patient care is not required to be documented. In order to obtain an accounting of disclosures, you must make a written request to the Privacy Officer whose contact information is provided at the beginning of this Notice.

All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 1, 2010. We reserve the right to charge you for such lists. We will notify you of the costs involved with such requests, and you may withdraw your request before you incur any costs.

- **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of our current Notice at any time. To obtain a paper copy of this Notice, you must make a request to the Privacy Officer whose contact information is provided at the beginning of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of our current Notice at our website, www.compcaremedicalgroup.com.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will retain a copy of the current Notice in our offices. The Notice will contain on the first page, at the top center, the effective date.

COMPLAINTS

- If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Office of Civil Rights of the Department of Health and Human Services. (The Contact Sheet for the Office of Civil Rights is appended to this Notice. Complaints should be sent to the applicable regional office.) To file a complaint with us contact the Privacy Officer whose contact information is provided at the beginning of this Notice. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

- Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided to you.

Office of Civil Rights Contact Sheet

Region I - CT, ME, MA, NH, RI, VT
 Office for Civil Rights
 U.S. Department of Health & Human Services
 JFK Federal Building - Room 1875
 Boston, MA 02203
 (617) 565-1340; (617) 565-1343 (TDD)
 (617) 565-3809 FAX

Region VI - AR, LA, NM, OK, TX
 Office for Civil Rights
 U.S. Department of Health & Human Services
 1301 Young Street - Suite 1169
 Dallas, TX 75202
 (214) 767-4056; (214) 767-8940 (TDD)
 (214) 767-0432 FAX

Region II - NJ, NY, PR, VI
 Office for Civil Rights
 U.S. Department of Health & Human Services
 26 Federal Plaza - Suite 3313
 New York, NY 10278
 (212) 264-3313; (212) 264-2355 (TDD)
 (212) 264-3039 FAX

Region VII - IA, KS, MO, NE
 Office for Civil Rights
 U.S. Department of Health & Human Services
 601 East 12th Street - Room 248
 Kansas City, MO 64106
 (816) 426-7278; (816) 426-7065 (TDD)
 (816) 426-3686 FAX

Region III - DE, DC, MD, PA, VA, WV
 Office for Civil Rights
 U.S. Department of Health & Human Services
 150 S. Independence Mall West - Suite 372
 Philadelphia, PA 19106-3499
 (215) 861-4441; (215) 861-4440 (TDD)
 (215) 861-4431 FAX

Region VIII - CO, MT, ND, SD, UT, WY
 Office for Civil Rights
 U.S. Department of Health & Human Services
 1961 Stout Street - Room 1426
 Denver, CO 80294
 (303) 844-2024; (303) 844-3439 (TDD)
 (303) 844-2025 FAX

Region IV - AL, FL, GA, KY, MS, NC, SC, TN
 Office for Civil Rights
 U.S. Department of Health & Human Services
 61 Forsyth Street, SW. - Suite 3B70
 Atlanta, GA 30323
 (404) 562-7886; (404) 331-2867 (TDD)
 (404) 562-7881 FAX

Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions
 Office for Civil Rights
 U.S. Department of Health & Human Services
 50 United Nations Plaza - Room 322
 San Francisco, CA 94102
 (415) 437-8310; (415) 437-8311 (TDD)
 (415) 437-8329 FAX

Region V - IL, IN, MI, MN, OH, WI
 Office for Civil Rights
 U.S. Department of Health & Human Services
 233 N. Michigan Ave. - Suite 240
 Chicago, IL 60601
 (312) 886-2359; (312) 353-5693 (TDD)
 (312) 886-1807 FAX

Region X - AK, ID, OR, WA
 Office for Civil Rights
 U.S. Department of Health & Human Services
 2201 Sixth Avenue - Mail Stop RX-11
 Seattle, WA 98121
 (206) 615-2290; (206) 615-2296 (TDD)
 (206) 615-2297 FAX