

FRED S. HIRSH, M.D., INC.

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Alex T. Hirsh, M.D.

Dermatology & Dermatologic Surgery

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NOTICE OF PRIVACY PRACTICES

This information is made available to all patients

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY THE PRACTICE, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT OUR PRIVACY OFFICER, DR. ALEX T. HIRSH, AT (440) 460-2884.

This notice describes our practice's policies, which extend to:

- Any health care professional authorized to enter information into your chart (including physicians, PAs, RNs, MAs etc.);
- All areas of the practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our practice;
- Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on.

The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our thoughts about your protected health information:

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create paper and electronic medical records about your health, our care for you, and the service and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

We are required by law to:

- Make sure that the protected health information about you is kept private;
- Provide you with Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- Follow the conditions of the Notice that is currently in effect.

How we may use and disclose medical information about you:

We use and disclose our patient's protected health information for a variety of reasons. Under Federal law, we have the right to use and/or disclose your protected health information to provide treatment, to obtain payment for our services and to carry out our health care operations without your prior consent or authorization. However, we will

ask for your prior written consent for most disclosures of your protected health information to third parties in order to comply with more stringent requirements under Ohio law. For uses and disclosures other than for treatment, payment, or health care operations, both Federal and Ohio law, with exceptions described below, require us to have your written authorization. If we disclose your health information to an outside entity so that the entity may perform a function on our behalf, we will enter into an agreement with that entity to protect your information in the same manner that we must protect it.

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses of disclosures provides a general explanation and provides some examples of uses. Not every use of disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

For Treatment, Payment and Health Care Operations:

For Treatment: We use previously given medical information about you to provide you with current or prospective medical treatment or services. Therefore we may, and most likely will, disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing of further care may need your medical record. Different areas of the Practice also may share medical information about you including your record(s), prescriptions, requests of lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside the Practice who may be involved in your medical care after you leave the Practice; this may include your family members, or others we use or to whom we refer you to provide services that are part of your care. Unless clearly instructed to the contrary, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay or pays for your care.

For Payment: We may use or disclose your protected health information to others to bill and collect payment for your health care services. For example, a bill containing identifying information and which may contain information regarding you diagnosis,

treatment and supplies used in treatment may be sent to a third party payor such as an insurance company or to a federal health care program such as Medicare. We may use third parties to perform billing and collection services for us or to provide other services for us or to provide other services in connection with our payment activities, and they may be provided access to your protected health information in order to provide those services.

For Health Care Operations: We may use or disclose your protected health information for operational purposes so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate which physician you are seeing and your name may be called in the waiting room when the physician is ready to see you. In addition, we may use your information to evaluate the performance of our staff, assess the quality of care, assess outcomes in your case and similar cases, and learn how to improve our facilities and services. We may disclose your protected health information to advisors, including attorneys, accountants and other consultants to perform audits, advise us on operational issues, or to assist in strategic or other planning and evaluation activities. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We shall endeavor, in all times when business associates are used, to advise them of their continued obligation to maintain the privacy or your medical records.

For appointment reminders: We may use and disclose your protected health information to contact you as a reminder that you have an appointment for medical care with the Practice. Unless you provide us with alternative instructions, this contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machine, or otherwise which could (potentially) be picked up by others.

Uses and Disclosures of Health Information That Do Not Require Your Consent of Authorization:

Required by Law: We may use or disclose your protected health information as required by federal, state, or local law. For example, the Practice may disclose information for judicial and administrative proceedings pursuant to legal authority; to report information on domestic and child abuse and neglect; or to assist law enforcement in their duties.

Public Health: We may use or disclose your protected health information for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability. Other activities may include the following:

- 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;

Health Oversight Activities: We may use or disclose your protected health information for government oversight activities.

Health and Safety: We may use or disclose your protected health information to avert a serious threat to the health or safety of you or any other person.

Upon Death; Organ and Tissue Donation: We may disclose your protected health information to funeral directors or coroners to enable them to carry out their lawful duties. In addition, your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may use your protected health information for research purposes when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Government Functions: We may use or disclose your protected health information to specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require disclosure of your protected health information.

Workers' Compensation: We may use or disclose your protected health information in order to comply with the laws, regulations and requirements related to worker's compensation.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose

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protected health information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We may also use such information to defend ourselves or any member of our practice in any actual or threatened action.

Law enforcement: We may use or disclose protected health information if asked to do so by a law enforcement official:

- In response to a court 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 criminal conduct at the Practice; 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.

Treatment Alternatives: We may use or disclose your protected health information to tell you about treatment alternatives or other health-related benefits and services that may be beneficial.

Uses and disclosures of Health Information Requiring Us to Give You an Opportunity to Object:

Others Involved in Your Healthcare: Unless you object, we may use or disclose your protected health information to a member of your family, a relative, a close friend or any other person you identify if that information directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine it to be in your best interest based on our professional judgment. We may use or disclose your information to notify or assist in notifying a family member, personal representative of any other person responsible for your care of your location, general condition or death.

Patient Directories: Your name, location and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. In addition, your religious affiliation may be shared with clergy.

Uses and Disclosures of Health Information That Require Your Authorization:

Generally, the Practice must have your written authorization to use or disclose your health information for purposes not described above, unless those uses can be reasonably inferred from the intended uses above. Authorizations can be revoked at any time, in writing, and 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 provided to you.

Your Health Information Rights

This section describes your rights and the obligations of this Practice regarding the use and disclosure of your protected health information.

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

Right to inspect and copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (Guardian or custodial) may also be disclosed.

To inspect and copy your medical record, you must submit your request in writing to our HIPAA Compliance Officer. Ask the front desk person for the name of the HIPAA Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that our Compliance Committee review the denial. Another licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denies your request. We will comply with the outcome and recommendations from the review.

Right to Amend: If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your medical record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Practice;
- Is not part of the information which you would be permitted to inspect and copy; or

- Is inaccurate and incomplete

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you to others for purposes other than treatment, payment, or health care operations.

To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003 (or the actual date of the HIPAA Privacy Regulations). Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about treatment you received.

We are not required to agree to your request and we may not be able to comply with your request.

If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is needed to provide emergency treatment for you.

To request restrictions, you must make your request in writing. In your request, you must indicate:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply (e.g., disclosure to your children, parents, spouse, etc.)

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters and your protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will attempt to accommodate all *reasonable* requests. Your request must specify how or where you wish us to contact you.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints:

You may send complaints to the Practice and/or to the Department of Health and Human Services if you believe your privacy rights have been violated. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you. A complaint may be filed with our Privacy Officer or at the following address:

Privacy Complaints
P.O. Box 8050
U.S. Department of Health and Human
Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Changes to This Notice:

We reserve the right to change this notice at any time. 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 may receive from you in the future. We will post a copy of the current notice in the Practice. The notice will contain on the first page, in the top right hand corner, the date of last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.