

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.

Purpose of this Notice: Eastern Medical Support, LLC is required by law to maintain the privacy of certain confidential health care information, known as protected health information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Eastern Medical Support, LLC is permitted to use and disclose PHI about you. Eastern Medical Support, LLC is also required to abide by the terms of the version of this Notice currently in effect. We may use this information after we obtain your consent, and in emergency and other situations without your immediate consent.

Uses and Disclosures of PHI: Eastern Medical Support, LLC may use PHI for the purposes of treatment, payment, and other health care operations. Examples of our use of your PHI:

For treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital / primary doctor as well as providing the hospital / primary doctor with a copy of the written record we create in the course of providing you with treatment.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes.

Reminders for Scheduled Appointments: We may contact you to provide you with a reminder of any scheduled appointments or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Use and Disclosure of PHI without Your Consent: Eastern Medical Support, LLC is authorized to use PHI *without* your consent, authorization, or written permission in certain situations, including:

- Emergency situations: In these situations, in accordance with the law we will attempt to get your written consent after the emergency service is provided and we would appreciate your cooperation when we do so.
- To a relative, friend or individual involved in your care;
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law)
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety to a person or the public at large;
- For workers' compensation purposes, in compliance with workers' compensation laws.

Any other use or disclosure of PHI, other than those listed above will only be made with your written consent or an authorization (an authorization specifically identifies the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **You may revoke your consent or authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that consent or authorization.**

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access copy or inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any

medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and certain types of denials may be appealed. We have available forms to request PHI and will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. You can appeal our denial of your request to amend the information. If you wish to amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.

The right to request an accounting of our use and disclosures of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or of uses or disclosures made prior to April 14, 2003. If you wish to request an accounting of the medical information about you that we have used or disclosed, you should contact the privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Eastern Medical Support, LLC is not required to agree to any restrictions you request, but any restrictions agreed to by Eastern Medical Support, LLC are binding on Eastern Medical Support, LLC.

Legal Rights and Complaints: Notice of any changes in Eastern Medical Support, LLC's privacy policy may be shown directly on the consent form and this Notice will be updated when any significant changes in our privacy practices occur. Eastern Medical Support, LLC reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately. We also reserve the right to make any changes effective for PHI that we have created or received prior to the effective date of the Notice provision that was changed.

You also have the right to complain to us, or to the Secretary of the federal Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government.

Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Sean J. Piasecki
Eastern Medical Support, LLC
2 Guy Park Ave.
Amsterdam, NY 12010
518-843-6860
Effective Date of the Notice: April 2012

We will revise this Notice if we make material changes to it. You can get a copy of the latest version of this notice by contacting the Privacy Officer or any staff member.