

Accounting for Sharing of Your Protected Health Information.

You have the right to know to whom we shared your protected health information after April 14, 2003 for reasons other than your treatment payment for our services or our operations. The first accounting in any 12-month period is free; you will be charged a reasonable cost-based fee for each subsequent accounting you request within the same 12-month period. Requests must be made in writing, and forms are available from the Privacy Officer.

Restrictions on Use and Sharing of Your Protected Health Information.

You have the right to request us to restrict how we use and release your protected health information. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. A restriction request form can be obtained from the Privacy Officer. You also have the right to terminate any agreed-to restriction by contacting the Privacy Officer in writing or by telephone.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation against you for filing a complaint.

Acknowledgment of Receipt of Notice. You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

If you have questions or need further assistance regarding this Notice, you may contact the administrative office of Southwest General Medical Group, located at 18181 Pearl Road, Suite A-100, Strongsville, OH 44136 or by calling 440-816-4902.

This Notice of Privacy Practices is effective April 14, 2003.

**NOTICE OF PRIVACY PRACTICES
OF SOUTHWEST GENERAL MEDICAL GROUP
Which includes the following medical practice:**

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 regarding this Notice, please contact Southwest General Medical Group's Privacy Officer, Jan Lasker, at 440-816-6426, 17951 Jefferson Park, Middleburg Heights, Ohio 44130.

This Notice of Privacy Practices describes how Southwest General Medical Group, including its staff, volunteers and other members of its workforce, may use and share your protected health information. "Protected health information" is information that may identify you and that describes your physical or mental health condition and your health care services.

We are required by law to maintain the privacy of our patients' protected health information and to provide you with this notice of our legal duties and privacy practices. We are required to follow the terms of this Notice, so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and any new Notice will be effective for all protected health information maintained by us. You have a right to receive a copy of the currently effective Notice at any Southwest General Medical Group practice, or a copy may be obtained by mailing a request to the Southwest General Medical Group's Privacy Officer.

I. USES AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. The ways in which we may use or share your protected health information without separate authorization are listed below. We will not use your protected health information for any *other* purpose unless you have signed a form authorizing the use or disclosure. When state or federal law requires a special consent or authorization, we will make all reasonable efforts to obtain such consent or authorization. You have the right to revoke any authorization to release your information if you do so in writing, however, such revocation will

not apply to any action we have taken based on your original authorization.

Uses and Disclosures without Separate Authorization

For Treatment. We may use and share your protected health information as necessary to provide, coordinate or manage your health care treatment. We may also share your protected health information with another health care provider who is not associated with us but who provides medical treatment to you. For example, doctors and nurses involved in your care may use your medical information to plan a course of treatment for you. This information may also be shared with other health care providers, for instance, if you are being treated by a Southwest General Medical Group physician, that physician may discuss your treatment with another physician who is also caring for you.

For Payment. We may use and share your protected health information as necessary to receive payment for the health care services provided to you. For instance, we may forward information regarding treatment you received to your insurance company to obtain payment for the services provided to you.

For Health Care Operations. We may use and share your protected health information as necessary for our health care operations which include clinical improvement, business management, accreditation and licensing and defending ourselves in any legal action. For instance, your care may be reviewed at one of our quality review committees where we regularly review care rendered to patients. We may also, as permitted by law, share your protected health information with another health care provider, or health plan for their health care operations.

Family, Friends or Others Involved in Your Care. Unless you object, we may from time to time disclose your protected health information to family, friends, and others whom you have designated or who are with you in the Health Center and involved in your care in order to assist in their involvement in caring for you or paying for your care. If you are unavailable to agree or object, or are facing an emergency medical situation or in the case of a public disaster, we may share limited protected health information to your family and friends or to an organization that is involved in disaster relief efforts if we believe such a disclosure is in your best interest.

Business Associates. Certain aspects of our services may at times be performed through arrangements with outside persons or organizations, for example, auditing services; and at times, outside persons or organizations may assist us in our care for you. At times it may be necessary for us to provide your protected health information to these

outside persons or organizations who assist us. In all cases, we require these business associates to safeguard the privacy of your information in the same manner in which we are required to safeguard your privacy.

Appointments, Health Products and Services. We may contact you to remind you about an appointment, inform you about test results or to inform you about possible treatment options and alternatives or health-related products or services that might be of interest to you. You have the right to request we communicate with you by particular means or locations, such as if you wish appointment reminders not to be left on voice mail or if you do not wish for mail to be sent to your home. We will honor reasonable requests. You should make such requests by contacting the Southwest General Medical Group's Privacy Officer.

To Public Health Authorities and Government Oversight Agencies. We may release your protected health information to public health authorities for any purpose required by law such as reporting of certain diseases and injuries, births and deaths and for required health investigations. We may also release your protected health information if required by law to a government oversight agency conducting audits, licensure review or similar activities.

Abuse, Neglect and Law Enforcement. We may release your protected health information if such information causes us to suspect abuse or neglect which we are required or permitted by law to report to authorities. We may also release your protected health information as required by law if we believe you are a victim of abuse, neglect or violence. We may also release your protected health information to law enforcement officials as required or permitted by law to report wounds, injuries and suspicion of certain crimes.

Food and Drug Administration. We may release your protected health information to the Food and Drug Administration or its designee, if necessary, to report such things as adverse reactions, product defects, or to participate in product recalls.

Releases to Employers. We may release your protected health information to your employer when we have provided services to you at the request of your employer to determine workplace-related illness or injury. We may also release your protected health information to workers' compensation agencies, if necessary, for your workers' compensation benefit determination.

Judicial and Administrative Activities. We may release your protected health information if required to do so by court order or

validly issued subpoena or for any other official judicial or governmental administrative action.

Funeral Directors/Coroners/Organ Donation Agencies. We may release your protected health information to coroners and/or funeral directors consistent with law and we may also release your protected health information, if necessary, to arrange an organ or tissue donation from you or a transplant for you.

For Public Health Reasons or the Safety of Others. We may release your protected health information in limited instances if we suspect a serious threat to someone else's or the public's health or safety, such as to notify persons that they have been exposed to a communicable disease or are in danger, or in cases of investigating outbreaks of disease.

Military/National Security. We may release your protected health information as required by armed forces services if you are a member of the military; we may also release your protected health information if required by law for national security or intelligence activities.

Other Disclosures Required By Law. We may use your protected health information if we are otherwise required by law to share the information.

II. RIGHTS THAT YOU HAVE

Access to Your Protected Health Information. You have the right to inspect and request copies of your protected health information that we keep. We will charge you a reasonable cost-based fee for such copies and any postage. You must make such requests in writing to the individual Southwest General Medical Group practice. If you are denied access to your records, you have the right to an explanation as to the legal basis for the denial and to object to such denial by contacting the Southwest General Medical Group's Privacy Officer.

Amendments to Your Protected Health Information. You have the right to request that the protected health information we maintain about you be changed or corrected. We are not obligated to make all requested changes but will give each request careful consideration. All requests must be in writing and must state the reasons for the change requested. If a change you request is made by us, we may also notify others who have copies, of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the Southwest General Medical Group's Privacy Officer.