

CRESCENT HEALTHCARE

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.

The privacy of your health information is very important to you and to us. This section represents a copy of Crescent Healthcare's Notice of Privacy Practices provided to you on the date of first service.

By "your health information" we mean the information that we maintain that specifically identifies you, and your health status, including demographic information (e.g., your home address, age, date of birth, gender, etc.).

This Notice describes your rights and how we use your health information within Crescent Healthcare and disclose it outside Crescent Healthcare, and why.

I. Our Legal Duties in Protecting Your Health Information

- We are required by law to maintain the privacy of your health information.
- We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. Provision of this Notice completes the requirement to inform you or your legal representative of our legal duties.
- We must abide by the terms of the Notice currently in effect. Our workforce receives training related to Crescent Healthcare's privacy practices and federal regulations.
- We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice form.

II. Uses or Disclosures Which Do Not Require Your Written Authorization

Treatment, Payment, and Health Care Operations

We use or disclose your health information to carry out your treatment, to obtain payment for your treatment, and to conduct health care operations. For example:

- For *treatment*, we use your health information to plan, coordinate, and provide your care. We may disclose health information about you to physicians, laboratories, and/or other health care professionals outside Crescent who are involved in your care. We may request information about you from a physician's office, or a facility where you were discharged, in order to coordinate and manage your care among all health care providers.
- For *payment*, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us. We may also tell your health plan about a future service you are going to receive so we can obtain prior approval (authorization) or to determine whether your health plan will cover the service.

CRESCENT HEALTHCARE

Notice of Privacy Practices

- For health care operations, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance. We may request information, or use and disclose your information for the operations of a physician or another health care provider who takes part in your care. We may use your medical information to review our treatment and services and to evaluate the performance of our staff, which cares for you.

III. Uses or Disclosures of Your Health Information to Which You May Object

We may use or disclose your health information for the following purposes, unless you ask us not to.

- Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care.
- Assistance in disaster relief efforts.
- Confirming our visits to your home or other appointments.
- Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If you object to our use of your health information for any of these purposes please contact your local Crescent office; refer to the contact information on the cover page of this booklet.

IV. Uses or Disclosures Required or Permitted

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- In an emergency or urgent situation when it is determined that your best interests would be served.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.

CRESCENT HEALTHCARE

Notice of Privacy Practices

- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veterans' affairs, national security, and intelligence activities.
- Workers' compensation.

V. Uses or Disclosures Which Require Your Written Authorization Before Any Action is Taken

Certain uses and disclosures (for purposes other than treatment, payment or healthcare operations) are made only with your permission. You may be asked to sign an authorization form, permitting one or more of the following uses and disclosures. Whether or not you give us permission for the following uses and disclosures is entirely up to you. Also, you have the right to change your mind and decide to withdraw your permission at any time.

However, you must notify us in writing, if and when you wish to withdraw a prior authorization.

- Our use of psychotherapy notes, substance abuse records, and records about certain communicable diseases beyond treatment, payment, and health care operations. These types of information are protected by State law.
- Marketing of products or services to you or about you.

VI. Your Rights as a Patient to Privacy of Your Health Information

- **Right to Request Restrictions** on our uses and disclosures of your health information; however we may refuse to accept the restriction.
- **Right to Request Confidential Communication** with you, for example, to speak with you only in private; to deliver medications in unmarked vehicles; to send mail to an address you designate; or to telephone you at a number you designate. Your request must be in writing. We will make every attempt to honor your request.
- **Right to Request Access to Your Health Information** in order to inspect or copy it. Your request must be in writing. You may contact your local Crescent office to secure a copy of the Request for Access to Protected Health Information Form and mail to Director of Corporate Compliance. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request.
- **Right to Request an Amendment of Your Health Information** in writing, providing a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.
- **Right to Request an Accounting of Disclosures of Your Health Information** for purposes other than treatment, payment, and health care operations. We will make every attempt to honor your request. We are not required to provide an accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request.
- **Right to Obtain a Paper Copy of this Notice** if you received this Notice electronically.

To exercise any of these rights, please write or telephone your local Crescent office; refer to the

CRESCENT HEALTHCARE

Notice of Privacy Practices

contact information on the cover page of this booklet. They can provide you with the appropriate form to complete and forward to the Director of Corporate Compliance.

VII. HIPAA Privacy Complaints, Contact Person, Effective Date, and Acknowledgement

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a written HIPAA complaint with the Regional Office of Civil Rights (OCR) or electronically at: www.hhs.gov/ocr/hipaa.
- You will not be retaliated against for filing a HIPAA complaint.
- You may file your HIPAA complaint with Crescent Healthcare by writing or by phoning our toll-free HIPAA Compliance line, available 24 hours a day, 7 days a week:

Crescent Healthcare, Inc.

VP, Pharmacy Services and Regulatory Compliance

888 S. Disneyland Drive, Suite 200

Anaheim, CA 92802

Phone: (888) 644-5762

- If you have any questions about this Notice of Privacy Practices, please contact your local Crescent office. To identify your local Crescent office, please refer to the cover page of this booklet.
- This Notice of Privacy Practices is effective April 14, 2003.