

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.

This is the HIPAA Notice of Privacy Practices. This Notice describes how we protect health information that we have about you (“Protected Health Information” or “PHI”), and how we may use and disclose this information. Protected Health Information is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care. This Notice also describes your rights with respect to the PHI and how you can exercise those rights.

We are required to provide this Notice to you by the federal laws known as the Health Insurance Portability and Accountability Act (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH ACT”). We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact your HIPAA Privacy Officer identified on the last page of this Notice.

OUR RESPONSIBILITIES:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the medical records we maintain.

We are required by law to:

- make sure that medical information that identifies you is kept private and secure;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the notice that is currently in effect; and
- provide you notice promptly if a breach occurs that may have compromised the privacy or security of your information.

YOUR RIGHTS:

When it comes to health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Right to Inspect and Copy: You have the right to inspect and receive an electronic or paper copy of your medical record and other health information we have about you. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer identified on the last page 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. HIPAA provides several important exceptions to your right to access your PHI. For example, you will not be permitted to access psychotherapy notes or information compiled in anticipation of, or for use in, a civil, criminal or administrative action or proceeding. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer listed on the last page of this Notice. In addition, you must provide a reason that supports your request.

We may deny your request, but we must tell you why in writing within sixty (60) days. 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:

- is not part of the medical information kept by us;
- 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 information which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" (other than disclosures you authorized in writing) where such disclosure was made for any purpose other than *treatment, payment, or health care operations*.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer listed on the last page of this Notice. Your request must state a time period, which may not be longer than six years. The first list you request within a 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.

Note that HIPAA provides several important exceptions to your right to an accounting of the disclosures of your PHI. For example, we do not have to account for disclosure of your PHI (i) to carry out treatment, payment or healthcare operations, (ii) to correctional institution or law enforcement officials, or (iii) for national security or intelligence purposes. We will not include in your accounting any of the disclosures for which there is an exception under HIPAA.

Right to Request Confidential Communications: If you believe that a disclosure of all or part of your medical information may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or via your work e-mail.

You may request confidential communications by calling or writing us at the location identified on the last page of this Notice. It is important that you direct your request for confidential communications to this representative so that we can begin to process your request. Requests sent to persons or offices other than the one identified may delay processing your request.

We will want to receive this information in writing and will instruct you where to send your written request when you call. In your request, please tell us: (1) that you want us to communicate your medical information with you in an alternative manner or at an alternative location; and (2) that the disclosure of all or part of the medical information in a manner inconsistent with your instructions would put you in danger.

We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your medical information could endanger you. As permitted by the HIPAA Privacy Rule, "reasonableness" will (and is permitted to) include, when appropriate, making alternate arrangements regarding payment.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

To request restrictions, you must make your request in writing to the HIPAA Privacy Officer identified on the last page of this Notice. 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.

Please note, we are not required to agree to this type of request.

Right to Restrict Disclosure of Services or Health Care Items: You have the right to restrict or limit the disclosure of medical information if you pay for a service or health care item out-of-pocket in full. You can ask us not to share that information for the purposes of payment or our operations. We will grant this request unless a law requires us to share the information.

Right to Be Notified of a Breach: You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically.

Right to Choose Someone to Act for You: You have the right to give someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your health information in the situations described below, please contact the Privacy Officer listed at the end of this Notice.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lesson a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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 these categories.

For Treatment (as described in applicable regulations): We may use medical information about you to facilitate medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in the delivery of your medical treatment or taking care of you.

For Payment (as described in applicable regulations): We may use and disclose medical information about you to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility, or to coordinate coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary. We may also share medical information with a utilization review or precertification provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations (as described in applicable regulations): We may use and disclose medical information about you for other health care operations. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting and soliciting bids from potential carriers, premium rating and setting employee contributions; conducting or arranging for medical review, legal services, audit services, and fraud

and abuse detection programs; business planning and development such as cost management; health management services and business management and general administrative activities. We will not use your genetic information for underwriting purposes. Generally, genetic information involves information about differences in a person's DNA that could increase or decrease his or her chance of getting a disease (for example, diabetes, heart disease, cancer or Alzheimer's disease).

As Required by Law: We will disclose medical information about you when 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 prevent the threat.

OTHER POSSIBLE USES AND DISCLOSURES OF MEDICAL INFORMATION:

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your medical information.

Business Associates: We may contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, our Business Associates will receive, create, maintain, use, or disclose medical information, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your medical information to a Business Associate to administer claims or to provide service support, utilization management, subrogation, or pharmacy benefit management.

Public Health Activities: We may use or disclose your medical information for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or we may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. We also may disclose medical information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities: We may disclose your medical information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

Abuse or Neglect: We may disclose your medical information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, we may disclose to a governmental entity authorized to receive such information your information if we believe that you have been a victim of abuse, neglect, or domestic violence.

Legal Proceedings: We may disclose your medical information: (1) in the course of any judicial or administrative proceedings; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule. For example, we may disclose your medical information in response to a subpoena for such information, but only after we first meet certain conditions required by the HIPAA Privacy Rule.

Law Enforcement: Under certain conditions, we also may disclose your medical information to law enforcement officials. For example, some of the reasons for such a disclosure may include, but not limited to: (1) it is required by law or some other legal process; (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; and (3) it is necessary to provide evidence of a crime that occurred on our premises.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

Military Activity and National Security, Protective Services: Under certain conditions, we may disclose your medical information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your medical information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

Inmates: If you are an inmate of a correctional institution, we may disclose your medical information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; (3) the safety and security of the correctional institution.

Workers' Compensation: We may disclose your medical information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Research: We may disclose your medical information to researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your Protected Health Information.

Your Personal Representatives: We may disclose your medical information to your personal representative in accordance with applicable state law (e.g., to parents of unemancipated children under 18, to those with unlimited powers of attorney, or health care proxies etc.). Under HIPAA, we do not have to disclose information to a personal representative if we have a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or (ii) treating such person as your personal representative could endanger you; and (iii) in the exercise of personal judgment, it is not in your best interest to treat the person as your personal representative.

Individuals Involved in Your Care or Payment For Your Care: We may disclose your medical information to a family member involved in or who helps pay for your health care, but only to the extent relevant to that family member's involvement in your care or payment for your care and such disclosures will not be made if you request in writing that we do not make these types of disclosures and we have agreed to such request.

OTHER REQUIRED DISCLOSURES OF YOUR MEDICAL INFORMATION:

The following is a description of disclosures that we are required to make by law:

Other Uses and Disclosures of Your Medical Information: Other uses and disclosures of your medical information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosure of medical information. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

Potential Impact of State Law: The HIPAA Privacy Regulations generally do not "preempt" (or take precedence over) State privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent State law applies, the privacy laws of a particular state, or other Federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent State privacy laws that relate to uses and disclosures of medical information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

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. If the Notice is changed, we will distribute it to you prior to the effective date of the revised Notice.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact our HIPAA Privacy Officer listed below. All complaints must be submitted in writing. You can file a complaint with the Secretary of the United States Department of Health and Human Services Office of Civil Rights at: 200 Independence Ave., S.W., Washington, D.C. 20201, or calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be penalized or any other way retaliated against for filing a complaint with the Secretary or with us.

WHO TO CONTACT WITH QUESTIONS OR CONCERNS:

Shameka Porter, Benefits Manager

Health Plus, LLC
1701 Barrett Lakes Blvd., Ste. 180
Kennesaw, GA 30144

Office Phone: (678) 797-5160