

Notice Regarding Privacy of Personal Health Information

Central Obstetrics & Gynecology P.C

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.

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) require that the practice provides you with this notice regarding privacy of personal health information. This notice describes (1) how the practice may use and disclose your protected health information (2) your right to access and control your protected health information in certain circumstances, and (3) the practice's duties and contract information.

I. Protected health Information

"Protected health information" is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present or future physical or mental health; the provision of health care to you; and your past, present, or future payment for health care.

II. The use and disclosure of protected health information in treatment, payment, and health care operations

Your protected health information may be used and disclosed by the practice in the course of providing treatment, obtaining payment for treatment, and conducting health care operations. Any disclosure may be made in writing, electronically, by facsimile, or orally. The practice may also use or disclose your protected health information in other circumstances if you authorize the use or disclosure, or state law or the HIPAA privacy regulations authorize the use or disclosure.

Treatment The practice may use or disclose your health information in the course of providing or managing your health care as well as any related services. For the purpose of treatment, the practice may coordinate your health care with a third party. For example, the practice may disclose your health information to a pharmacy to fill a prescription for medications, or to an X-ray facility to order an X-ray. In addition, the practice may disclose health information to other physicians or health care providers for treatment by those other providers.

Payments When needed, the practice will use or disclose your health information to obtain payment for its services. Such uses or disclosure may include disclosures to your health insurer to get approval for a recommended treatment or to determine whether you are eligible for benefits or whether a particular service is covered under your health plan.

When obtaining payment for your health care, the practice may also disclose your protected information to an insurance company to demonstrate the medical necessity of the care or for utilization review when required to do so by your insurance company.

Operations The Practice may use or disclose your protected health information when needed for the practice's health care operations for the purpose of management or administration of the practice and of offering quality health care services. Health care operations may include (1) quality evaluation and improvement activities (2) employee review and training programs (3) accreditation, certification, licensing, or credentialing activities (4) reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance programs, and (5) business management and general administrative activities. In addition, the practice may disclose your information to another provider or health plan for their health care operations.

Other Disclosures As part of treatment, payment, and healthcare operations, the practice may use or disclose your information to (1) remind you of an appointment (2) inform you of potential treatment alternatives or options, or (3) inform you of health related benefits or services that may be of interest to you.

II Additional Uses and Disclosure Permitted Without Authorization or An Opportunity to Object

In addition to treatment, payment and health care operations, the practice may disclose your health information without your permission or authorization in certain circumstances, including:

When Legally Required The practice will comply with any federal state, or local law that requires it to disclose your protected health information.

When there are risks to public health The practice may disclose your information for public health purposes, including to, as permitted by law:

1. Prevent, control, or report disease injury, or disability
2. Report vital events such as birth or death
3. Conduct public health surveillance, investigations, and interventions
4. Collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs, or replacements, and conduct post marketing surveillance
5. Notify a person who has been exposed to a communicable disease who may be at risk of contracting or spreading a disease.
6. Report to an employer information about an individual who is a member of workforce.

To Report Abuse, Neglect or Domestic Violence As required or authorized by law or with the patient's agreement, the practice may inform government authorities if it is believed that a patient is a victim of abuse, neglect, or domestic violence.

To Conduct Health Oversight Activities The Practice may disclose your health information to a health oversight agency for use in (1) audits (2) civil, administrative, or criminal investigations, proceedings or actions, (3) inspections (4) licensure or disciplinary actions, or (5) other necessary oversight activities as permitted by law. However, if you are the subject of an investigation, the practice will disclose protected information that is not directed to your receipt of health care or public benefits.

For Judicial and Administrative Proceedings The practice may disclose your health information for judicial or administrative proceeding if the disclosure is expressly authorized by an order of court or administrative tribunal and if signed authorization is provided.

For Law Enforcement Purposes The practice may disclose your health information to a law enforcement official for law enforcement purpose when:

1. Required by law to report certain types of physical injuries
2. Required by court order, court-ordered warrant, subpoena, summons or similar process
3. Needed to identify or locate a suspect, fugitive, material witness or missing person
4. Needed to report a crime in an emergency situation
5. You are a victim of a crime in specific limited instances
6. Your death is suspected by the practice to be the result of criminal conduct.

To Coroners, Funeral Directors, and for Organ Donation The practice may disclose health information to a coroner or health examiner for the purpose of (1) identification (2) determination of cause of death, or (3) performance of the coroner or medical examiner's other duties as authorized by law. In addition, as permitted by law, the practice may disclose health information, including when death is reasonably anticipated, to a funeral director to enable the funeral director to carry out his or her duties. Health information may also be used for the purpose of cadaveric organ, eye or tissue donation.

Research Purposes The practice may use or disclose your protected information for research if such use or disclosure has been approved by an institutional review board or privacy board that has examined the research proposal and research protocols which maintain the privacy of your protected health information.

To Prevent or Diminish A Serious and Imminent Threat To Health or Safety If in good faith, the practice believe the use or disclosure of your health information is necessary to prevent or diminish a serious and imminent threat to your health or safety, or to the health or safety of the public, the practice may use or disclose your health information as permitted under law and consistent with ethical standards of conduct.

For specified Government Functions As authorized by the HIPAA privacy regulations, the practice may use or disclose your health information to facilitate specified government functions regulating to military and veterans activities, protective service for the president and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

For Worker's Compensation The practice may disclose your protected health information to comply with worker's compensation laws or similar programs.

III Uses and Disclosure Permitted With An Opportunity to Object

Subject to your objection, the practice may disclose your health information (1) to a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your case or payment related to your care (2) when attempting to locate or notify family members or others involved in your care to inform them of your location, condition or death. The practice will inform you orally or in writing of such uses and disclosures of your health information as well as provide you with the opportunity to object in advance. If you do not object to these disclosures, the practice is able to infer from these circumstances that you do not object, or the practice determines, in its professional judgement, that it is in your best interests for the practice to disclose information that is directly relevant to the person's involvement with your care, then the practice may disclose your protected health information. If you are incapacitated or in an emergency situation, the practice may exercise its professional judgement to determine if the disclosure is in your best interests and, if such a determination is made, may only disclose information directly relevant to your health care.

IV Uses and Disclosures Authorized by You

Other than the circumstances described above, the practice will not disclose your health information unless you provide written authorization.

V Your Rights

You have certain rights regarding your health information under the HIPAA privacy regulations. These rights include:

The right to inspect and copy your protected health information For as long as the practice holds your health information, you may inspect and obtain a copy of such information included in a designated record set. A "designated record set" contains medical billing records as well as any other records that your physician and the practice uses to make decisions regarding the service provided to you. The practice may deny your request to inspect or copy your health information if the practice determines in its professional judgement that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referred to in the information. You have the right to request a review of this decision.

In addition, you may not inspect or copy certain records by law, including: (1) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and (2) health information that is subject to a law that prohibits access to health information. You may have the right to have a decision to deny access reviewed in some situations.

You must submit a written request to the practice's privacy officer to inspect and copy your health information. The practice may charge you a fee for the costs of copying, mailing, or other costs incurred by the practice in complying with your request. Please contact our privacy officer if you have any questions about access to your medical record at the number given on the last pages of this notice.

The right to request a restriction on uses and disclosures of your health information. You may request that the practice not use or disclose specific sections of your health records for the purpose of treatment, payment, or health care operations. Additionally, you may request that the practice not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this notice. In your request, you must specify the scope of restriction requested as well as the individuals for which you want the restriction to apply. Your request should be directed to the practice's privacy officer.

The practice may choose to deny your request for restriction, in which case the practice will notify you of its decision. Once the practice agrees to the requested restriction, the practice may not violate that restriction unless use or disclosure of the relevant information is needed to provide emergency treatment. The practice may terminate the agreement to restriction in some instances.

The right to request to receive confidential communications from the practice by alternative means or at an alternative location You have the right to request that the practice communicates with you through alternative means or at an alternative location. The practice will make every effort to comply with reasonable requests. However, the practice may condition its compliance by asking you for information regarding the procurement of payment or specific information regarding an alternative address or other

method of contact. You are not required to provide an explanation for your request. Requests should be made in writing to the practice's privacy officer.

The right to request an amendment of your protected health information During the time that the practice holds your health information, you may request an amendment of your information in a designated record set. The practice may deny your request in some instances. However, should the practice deny your request for amendment, you have the right to file a statement of disagreement with the practice. In turn, the practice may develop a rebuttal of your statement. If it does so, the practice will provide you with a copy of the rebuttal. Requests for amendment must be submitted in writing to the practice's privacy officer. Your written request must supply a reason to support the requested amendments.

The right to request an accounting of certain disclosures You have the right to request an accounting of the practice's disclosures of your protected health information made for purposes other than treatment, payment, or health care operations as described in this notice. The practice is not required to account for disclosures (1) which you requested (2) which you authorized by signing an authorization form (3) for facility directory (4) to friends or family members involved in your care, (5) certain other disclosures the practice is permitted to make without your authorization. The request for an accounting must be made in writing to our privacy officer and should state the time period for which you wish the accounting to include up to a six-year period. The practice will not charge you for the first accounting you request of any 12-month period. Subsequent accountings may require a fee based on the practice's reasonable costs for compliance of the request.

The right to obtain a paper copy of this notice The practice will provide a separate paper copy of this notice upon request even if you have already been given a copy of it or have agreed to review it electronically.

VI The Practice's Duties The practice is required to ensure the privacy of your health information and to provide you with this notice of your rights and the practice's duties and procedures regarding your privacy. The practice must abide by the terms of this notice, as may be amended periodically. The practice reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that the practice collects and maintains. If the practice alters its notice, the practice will provide a copy of the revised Notice through regular mail or in-person contact.

VII Complaints If you believe that your privacy rights have been violated, you have the right to relate complaints to the practice and to the Secretary of the Department of Health and Human Services. You may provide complaints to the practice verbally or in writing. Such complaints should be directed to the practice's privacy officer. The practice encourages you to relate any concerns you may have regarding the privacy of your information and you will not be retaliated against in any way for filing a complaint.

Contact Person The practice's contact person regarding the practice's duties and your rights under the HIPAA privacy regulations is the privacy officer. The privacy officer can provide information regarding issues related to this notice by request. Complaints to the practice should be directed to the privacy officer at the following address :

Otto Umana M.D

500 18th Street, Suite A50

Columbus, GA 31901

ATTN: Privacy Officer

The Privacy Officer can be contacted by phone at 706-507-6306

Effective Date January 3,2008