

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.

At Cumberland Cardiology (“CC”), we understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by CC, whether made by CC personnel or your personal physicians and allied health practitioners. Your personal doctors and allied health practitioners may have different policies or notices regarding their use and disclosure of your medical information created in their offices or clinics.

This notice will tell you about the ways in which we may use and disclose medical information about you, referred to below as protected health information (“PHI”). We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

Uses and Disclosures for Treatment, Payment and Health Care Operations. CC may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you. In addition, CC and the members of its medical and allied health professional staff who participate in the organized health care arrangement described below may share your PHI with each other as necessary to carry out their treatment, payment and health care operations related to the organized health care arrangement.

For Treatment. CC may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. These types of uses and disclosures may take place between physicians, nurses, technicians, students, and other health care professionals who provide you health care services or are otherwise involved in your care. For example, if you are being treated by a primary care physician, that physician may need to use/disclose PHI to a specialist physician whom he or she consults regarding your condition, or to a nurse who is assisting in your care.

For Payment. CC may use and disclose PHI in order to bill and collect payment for the health care services provided to you. For example, CC may need to give PHI to your health plan in order to be reimbursed for the services provided to you. CC may also disclose PHI to its business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. CC may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

For Health Care Operations. CC may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you, patient surveys, provider training, underwriting activities, compliance and risk management activities, planning and development, and management and administration. CC may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes, to help make sure CC is complying with all applicable laws, and to help CC continue to provide health care to its patients at a high level of quality. CC may also disclose PHI to other health care providers and health plans for such entity’s quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance, provided that such entity has, or has had in the past, a relationship with the patient who is the subject of the information.

For Sharing PHI Among CC And Its Medical and Allied Health Professional Staff. CC and the physicians and other health care providers who are members of the CC medical staff work together in

an organized health care arrangement to provide medical services to you when you are a patient at CC. CC and the members of its medical staff will share with each other PHI that they collect from you at CC as necessary to carry out their treatment, payment and health care operations relating to the provision of care to patients at CC.

Other Uses and Disclosures For Which Authorization is Not Required.

In addition to using or disclosing PHI for treatment, payment and health care operations, CC may use and disclose PHI without your written authorization under the following circumstances:

As Required by Law and Law Enforcement. CC may use or disclose PHI when required to do so by applicable law. CC also may disclose PHI when ordered to do so in a judicial or administrative proceeding, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, the location of the crime or victims, or the identity, description, or location of a person who committed a crime, or for other law enforcement purposes.

For Public Health Activities and Public Health Risks. CC may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

For Health Oversight Activities. CC may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors. CC may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

Organ, Eye, and Tissue Donation. CC may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

Research. Under certain circumstances, CC may use and disclose PHI for medical research purposes.

To Avoid a Serious Threat to Health or Safety. CC may use and disclose PHI, to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

Specialized Government Functions. CC may use and disclose PHI of military personnel and veterans under certain circumstances. CC may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

Workers’ Compensation. CC may disclose PHI to comply with workers’ compensation or other similar laws. These programs provide benefits for work-related injuries or illnesses.

Fundraising Activities. Your PHI may be used to contact you in an effort to raise money for CC. Your PHI may be disclosed to a foundation related to CC. Such disclosure would be limited to contact information, such as your name, address and phone number and the

dates you required treatment or services at CC. The money raised in connection with these activities would be used to expand and support CC's provision of health care and related services to the community. If you do not want to be contacted as part of these fundraising activities, please notify the CC Marketing Department in writing.

Appointment Reminders; Health-related Benefits and Services; Marketing. CC may use and disclose your PHI to contact you and remind you of an appointment at CC, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs. CC may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

Disclosures to You or for HIPAA Compliance Investigations. CC may disclose your PHI to you or to your personal representative, and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. CC must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate CC's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Uses and Disclosures To Which You Have an Opportunity to Object.

You will have the opportunity to object to these categories of uses and disclosures of PHI that CC may make:

Patient Directories. Unless you object, CC may use some of your PHI to maintain a directory of individuals in its facility. This information may include your name, your location in the facility, your general condition (e.g. fair, stable, etc.), and your religious affiliation, and the information may be disclosed to members of the clergy. Except for your religious affiliation, the information may be disclosed to other persons who ask for you by name.

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care. Unless you object, CC may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. CC may also notify those people about your location or condition.

Other Uses and Disclosures of PHI For Which Authorization is Required. Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations you have the right to revoke in writing.

Regulatory Requirements. CC is required by law to maintain the privacy of your PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. CC reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before CC makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in the Admissions areas. You have the following rights regarding your PHI:

You may request that CC restrict the use and disclosure of your PHI. CC is not required to agree to any restrictions you request, but if CC does so it will be bound by the restrictions to which it agrees except in emergency situations.

You have the right to request that communications of PHI to you from CC be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, instead of your home address. Your requests must be made in writing and sent to the responsible CC Department Director. CC will accommodate your reasonable requests without requiring you to provide a reason for your request.

Generally, you have the right to inspect and copy your PHI that CC maintains, provided that you make your request in writing to the Medical Records Custodian. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), CC will inform you of the extent to which your request has or has not been granted. In some cases, CC may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, CC may impose a reasonable fee to cover copying, postage, and related costs. If CC denies access to your PHI, it will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If CC does not maintain the PHI you request and if it knows where that PHI is located, it will tell you how to redirect your request.

If you believe that your PHI maintained by CC contains an error or needs to be updated, you have the right to request that CC correct or supplement your PHI. Your request must be made in writing to the Medical Records Custodian, and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), CC will inform you of the extent to which your request has or has not been granted. CC generally can deny your request if your request relates to PHI: (i) not created by CC; (ii) that is not part of the records CC maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, CC will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and CC's denial attached; and (iii) complain about the denial. You generally have the right to request and receive a list of the disclosures of your PHI CC has made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosure for which you have provided a written authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations; (ii) made to you; (iii) for CC's patient directory or to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. You should submit any such request to the Medical Records Custodian, and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), CC will respond to you regarding the status of your request. CC will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of \$10.00 for each additional request. You have the right to receive a paper copy of this notice upon request. You can receive a copy of this notice at our Web site, www.cardiologycardio.com. To obtain a paper copy of this notice, please contact the Admissions Department.

You may complain to CC if you believe your privacy rights with respect to your PHI have been violated by contacting the Privacy Officer, Cumberland Cardiology, 909 South McPherson Church Road, Fayetteville, NC 28303, 910-323-0065 and submitting a written complaint. CC will in no manner penalize you or retaliate against you for filing a complaint regarding CC's privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

If you have any questions about this notice, please contact the Privacy Officer, Cumberland Cardiology, 909 South McPherson Church Road, Fayetteville, NC 28303, 910-323-0065.