

UpFront Health, LLC
Effective Date: May 1, 2015

The document immediately following is our Notice of Privacy Practices. We have prepared this summary to assist you in understanding the notice. For the full and complete description of our practices, please read the full notice.

What is a Notice of Privacy Practices?

- It is a formal document that describes how your medical information is used by our staff and disclosed by others. It also describes your privacy rights.

Why was I provided this document?

- We take great care in treating you and your medical information with respect and confidentiality. A Federal law now requires us to notify you of our privacy practices in a more structured format.

How is my medical information used?

- To plan and carry out your treatment.
- To enable us to carry out our health care operations.

Are there circumstances where my information is used without my prior permission?

- Public health and other safety issues.
- Requirements by State, Federal, and local law.
- Law enforcement.
- Certain types of research.

What are my rights described in the notice?

- To review or copy your medical records.
- To request an amendment to your medical information.
- To receive an accounting of disclosures of your medical information.
- To request restriction in how we disclose your medical information.
- To have us communicate with you in a certain way or at a certain location.
- To make a complaint about privacy issues.
- To authorize other releases of your medical information.

Who will follow this notice?

- Our employees, students, and trainees.

- Other health care and service providers that provide care or services at this entity.

Who doesn't this notice cover?

- Service providers that provide service independent of this entity.

What if I have questions about it later?

- Please contact the office manager of this entity at 580-922-4445 or email info@upfronthealth.com.

UpFront Health, LLC

May 1, 2015

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.

If you have any questions about this Notice, please ask any employee.

WHO WILL FOLLOW THIS NOTICE:

This Notice of Privacy Practices applies to the clinic and its employees. This Notice also applies to other health care and service providers that provide care or services at the clinic or for its patients, in that, as a condition providing services at the clinic, such providers must agree to comply with all clinic policies, including its policies relating to patient privacy. This Notice, however, only details the privacy policies of the clinic and does not govern the independent practices or operations of health care and service providers, for services provided independent of the clinic.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

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 service you receive at the clinic. 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 the clinic, whether made by clinic personnel or your personal doctor or other practitioners involved in your care.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

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 of disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or others who are involved in your care. For example, if your doctor is treating you for a broken leg, he may need to know if you have diabetes. We also may disclose medical information about you to people outside the clinic who may be involved in your medical care, such as long term facilities or others we use to provide services that are part of your care.
- **FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment collected. For example, we may need to give information to an outside laboratory so that they can properly bill your insurance and/or medicare for payment.
- **FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information about you for clinic operation. These uses and disclosures are necessary to run the clinic and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and service and to evaluate the performance of our staff in caring for you. We may send you a patient satisfaction survey. We also may combine medical information about many clinic patients to decide what additional service the clinic should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the medical information we have with

medical information from other clinics to compare how we are doing and see where we can make improvements in the care and service we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **APPOINTMENT REMINDERS:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the clinic.
- **TREATMENT ALTERNATIVES:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **HEALTH-RELATED BENEFITS AND SERVICES:** We may use and disclose medical information to tell you about health related benefits, services, or health education classes that may be of interest to you.
- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** We may release medical information about you to a caregiver who may be a friend or family member. We may also give information to someone who helps pay for your care.
- **RESEARCH:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the clinic.
- **AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state or local law.

SPECIAL SITUATIONS

- **ORGAN AND TISSUE DONATION:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **MILITARY:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **PUBLIC HEALTH RISKS (HEALTH AND SAFETY TO YOU AND/OR OTHERS):** We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety for the public or another person. These activities generally include the following:
 - to prevent or control disease, injury, or disability;
 - to report births and deaths;
 - to report child abuse or neglect. We will only make this disclosure when required or authorized by law.
 - to report reactions to medication or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.

- **HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws. We will only make this disclosure when required by law.

- **LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or

administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

- **LAW ENFORCEMENT:** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - ⊖ ~~To identify or locate a suspect, fugitive, material witness, or missing person;~~
 - ⊖ ~~About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;~~
 - ⊖ ~~About a death we believe may be the result of criminal conduct;~~
 - ⊖ ~~About criminal conduct at the clinic; and~~
 - ⊖ ~~In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.~~

- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients of the clinic to funeral directors as necessary to carry on their duties.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

- **RIGHT TO INSPECT AND COPY:**

You have the following rights regarding medical information we maintain about you:

 - To inspect and copy medical information that may be used to make decisions about your care.
 - To inspect and copy medical information that may be used to make decisions about you, you must submit this request in writing to the clinic manager. If you request a copy of 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 very limited circumstances. If you are denied access to medical information, you may

request that the denial be reviewed. Another licensed health care professional chosen by the clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **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 or for the clinic.

To request an amendment, your request must be made in writing and submitted to the clinic manager. In addition, you must provide a reason that supports your request.

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:

- 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 medical information kept by or for the clinic;
 - 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'. This is a list of the disclosures we made of medical information about you to others except for purposes of treatment, payment and operations identified above, and other exceptions under federal and state law.

To request this list of disclosures, you must submit your request in writing to the clinic manager. Your request must state a time period which may not be longer than six years and may not include dates before May 1, 2015. Your request should indicate in what form you want the list (for example, on paper or electronically). 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.

- **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.

- We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- To request restrictions, you must make your request in writing to the clinic manager. 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.

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. We will post a copy of the current Notice in the clinic. The Notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at the clinic for treatment or health care services you have the right to request a copy of the current Notice in effect.

QUESTIONS OR COMPLAINTS:

If you have a question or believe your privacy rights have been violated, you may contact or submit your complaint in writing to the clinic manager. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

THE QUALITY OF YOUR CARE WILL NOT BE JEOPARDIZED NOR WILL YOU BE PENALIZED FOR FILING A COMPLAINT.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use

or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of care that we provided to you.