

STEFANO FUSI, M.D.

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 CONTACT:
Anita Fraser- 458-4444.**

EFFECTIVE DATE: April 2003

This Notice of Privacy Practices describes the ways in which we may use and disclose medical information about you. In this notice, we refer to this medical information as your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your present, past or future physical or mental health and related health care services. This notice also describes your rights and the practice's obligations with respect to the use and disclosure of your protected health information.

We are required by law to:

maintain the privacy of your protected health information;

provide our patients with this notice of our legal duties and privacy practices with respect to your protected health information; and

abide by the terms of this notice, as currently in effect.

We understand that your protected health information is personal, and we are committed to protecting this information. In order to provide you with quality care and to comply with certain legal requirements, we create records of the care and services you receive from us. This notice of privacy practices applies to all of these records.

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 our office. The notice will contain the effective date on the first page. In addition, each time you register with us for health care services, we will offer you a copy of the current notice in effect. You may also obtain a copy of the current notice by calling us and requesting that we mail you a copy.

1. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

A. Uses and Disclosures of Your Protected Health Information Based upon Your Consent

Prior to receiving any healthcare services from our practice, you will be asked to sign a consent form. Once you sign this consent form, the practice will be permitted to use and disclose your protected health information as described in this Section 1.A. in the context of providing you with treatment and services, obtaining payment for such treatment and maintaining our healthcare operations. The paragraphs below describe these categories and the different ways that we may use and disclose your protected health information within each category. For each category, we provide an example of one of the uses or disclosures. These examples are not meant to be exhaustive, but describe the types of used and disclosures that may be made by our practice once you have provided consent.

For Treatment. We may use your protected health information to provide you with medical treatment or services. We may disclose your protected health information to doctors, nurses, technicians or other personnel or third parties who are involved in taking care of you. For example, we will share your protected health information with a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. Different members of our workforce also may share your protected health information in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose your protected health information to people outside the practice who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care.

For Payment. We may use and disclose your protected health information so that the treatment and services we provide may be billed and payment collected from you, an insurance company or a third party. For example, we may need to give information about your treatment to your health insurance provider so that it can pay us or reimburse you. We may also inform your health insurance provider about treatment that we intend to provide so that we can obtain any necessary approval or to confirm coverage for the treatment.

For Health Care Operations. We may use and disclose your protected health information as necessary to support the business operations and activities of our practice. These uses and disclosures are necessary to run the practice and to make sure all of our patients receive quality care. For example, we may use your medical information to review our treatment and services and to evaluate the performance of our staff. We may also combine medical information about many patients to determine whether we should offer additional services, whether services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for educational purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information to protect your privacy. We may call you by name while you are in our waiting room when your physician is ready to see you.

Appointment Reminders. We may use and disclosure medical information, as necessary, to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives. We may use and disclose your protected health information, as necessary, to inform you about or recommend possible treatment alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose your protected health information, as necessary, to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities. We may use your protected health information to contact you in an effort to raise money. We may disclose medical information to a related foundation so that the foundation may contact you in raising money. We would release only contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not want to be contacted for fundraising efforts you must notify Anita Fraser in writing.

B. Uses and Disclosures of Your Protected Health Information Based upon Your Authorization

All other uses and disclosures of you protected health information will be made only with your specific authorization in writing, unless otherwise permitted by law or listed in 1.C. or D. below. Some examples of circumstances in which we will be required to obtain your authorization will be to use your protected health information for marketing or to provide you with treatment in the context of a research study (except as limited to 1.D.). You may revoke your authorization at any time, in writing, except that this revocation will not be effective to the extent that we have already relied on you authorization.

C. Uses and Disclosures of Your Protected Health Information That May Be Made With Your Consent, Authorization, or Opportunity to Object

Individuals Involved in Your Care or Payment for Your Care. We may release your protected health information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also inform your family or friends about your condition. In addition, we may disclose your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Emergencies. We may use and disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers. We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines that the consent to treatment can be reasonably inferred, using his or her professional judgement.

D. Uses and Disclosures of Your Protected Health Information That May Be Made Without Your Consent, Authorization, or Opportunity to Object

Under certain circumstances, we may use or disclose your protected health information without obtaining your consent or authorization or without providing you with an opportunity to object. These situations include the following.

As Required by Law. We will disclose your protected health information when required to do so by federal, state or local law.

Public Health Risks. We may disclose your protected health information for public health activities or purposes to a public health authority that is authorized by the law to receive such information. Examples of public health reporting generally include, but are not limited to, reports to prevent or control disease, injury or disability, reports of births and deaths, reports of child abuse or neglect and reports to notify people of recalls of products that they may be using.

To Report Victims of Abuse, Neglect or Domestic Violence. We may disclose your protected health information 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 if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health 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.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a judicial or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will make reasonable efforts to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release your protected health information if asked to do so by law enforcement official:

- In response to a court order, court-ordered warrant, or a subpoena or summons issued by a judicial officer;

- To report certain types of wounds or injuries (e.g. gunshot wounds);
- To identify or locate a suspect, fugitive, material witness, or missing persons;
- 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 that occurred on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the perpetrator of the crime.

Coroners, Medical Examiners and Funeral Directors. We may release your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients to funeral directors as necessary to permit them to carry out their duties.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health 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.

Research. Under certain circumstances, we may use and disclose your protected health information for research purposes when the research has been approved by an institutional review board that has reviewed and approved the research proposal and established procedures to maintain the confidentiality of your protected health information.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information 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 help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose your protected health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

2. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding your protected health information that we maintain:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Anita Fraser. 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. If you are denied access to medical information, you have the right to have this denial reviewed. Please contact our Privacy Contact (listed on the front of this notice) if you have any questions about access to your medical record.

Right to Amend. You have the right to ask us to amend your protected health information (for as long as the information is kept by us) if you feel that such information is incorrect or incomplete.

To request an amendment, you should submit such a request in writing to Anita Fraser. In your request, you should indicate the reason that you are requesting the amendment.

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 not available to make the amendment;
- Is not part of the medical information kept by us
- 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 of your protected health information that we have made.

To request this accounting, you must submit your request in writing to Anita Fraser and indicate the time period for which you would like the accounting. We are not required to account for any disclosures that occurred more than six years prior to your request or that were made before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically).

The first list you request within any 12 month period will be provided free of charge. 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 manner in which we use or disclose your protected health information 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. For example, you could ask that we do not use or disclose information about a surgery you had.

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 Anita Fraser. 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.

Rights to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by telephone.

To request confidential communications, you must make your request in writing to Anita Fraser. We will accommodate all requests that are reasonable. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice by contacting our office in writing or by telephone.

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 us, contact Anita Fraser, Billing Manager, at (203) 458-4444. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.