

NOTICE OF PRIVACY PRACTICES

Stat Anesthesia Specialists, Ltd

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations, and for other purposes that are permitted or required by law. This Privacy Notice also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Stat Anesthesia Specialists may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless Stat Anesthesia Specialists has obtained your authorization, or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or the State law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

Not every use or disclosure can be listed. However, all of the ways we are permitted to use and disclose your protected health information will fall within one of these areas.

TREATMENT: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to another physician and/or their office staff to assist in your care; to a pharmacy to fill a prescription; to a laboratory to order blood tests; to a family member, friend, or clergy who will assist you with the care you need outside our office.

PAYMENT: We may use and disclose your protected health information as needed so that the treatment and services you receive from Stat Anesthesia Specialists may be billed and collected from you, an insurance company, or a third party. For example, we may need to disclose information to your health insurance company to get prior approval for

surgery, determine eligibility for benefits or whether a particular service is covered under your health plan, and to demonstrate medical necessity of the services, or as required by your insurance company, for utilization review. We may also disclose your information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic and health information to anesthesia care providers for payment of their services.

OPERATIONS: We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the function of Stat Anesthesia Specialists and to provide quality care to all patients. For example, health care operations include activities as: quality assessment and improvement activities; employee review; training programs where students, trainees or practitioners in healthcare learn under direct supervision; accreditation; certification; licensing or credentialing; review and auditing, including compliance reviews, medical reviews, legal services, and maintaining compliance programs, business management and general administrative activities. In certain situations, we may also disclose patient information to another provider and/or their staff, or insurance health plan for their healthcare operations.

OTHER USES AND DISCLOSURES: As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to contact you to remind or inform you of your appointment or surgery date; to follow-up with you after surgery; to inform you of potential treatment alternatives or options; to inform you about health-related benefits or services that may be of interest to you. We may release medical information about you to a family member or friend who is involved in your medical care informing them of your condition and that you are receiving care. We may also give information to someone who helps pay for your care.

Under certain circumstances we may use and disclose medical information about you for research purposes. For example, researchers may need to look for patients with specific medical needs; physician decides to participate in research project testing effects of new product or medication. Before any physician would participate in a research project, it will have been approved by the Food and Drug Administration (FDA). If you are a candidate for participation in a research project, you will be given specific information about the research project and asked if you want to participate. We will ask your permission to release your name, address or any other information that specifically reveals who you are.

USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT:

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for the following reasons.

When Legally Required: We will disclose your protected health information when we are required to do so by any federal, state or local law.

When There Are Risks to Public Health: We may disclose your protected health information for the following public activities and purposes:

- To prevent or control disease, injury, or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with medical 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 contacting 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 if you agree or when required by law.

Worker's Compensation: We may disclose medical information about you for worker's compensation or similar programs.

Military or Veterans: If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities. We may disclose medical information about foreign military personnel to the appropriate foreign military authority.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law. For example, audits; civil, administrative, or criminal investigations proceedings or actions; inspections; licensure or disciplinary actions. 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 protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement Purposes: We may disclose your protected health information to a law enforcement official for the following purposes:

- In response to a court order, subpoena, warrant, summons or similar process
- As required by law for reporting certain types of wounds or other physical injuries

- To identify or locate a suspect, fugitive, material witness, or missing person.
- Under certain circumstances, when you are the victim of a crime.
- If our facility has a suspicion that your death or health condition was the result of criminal conduct.
- In an emergency to report a crime.

To Coroners, Funeral Directors, and for Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

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

In The Event of a Serious Threat to Health or Safety: We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public.

Specified Government Functions: In certain circumstances, federal regulations authorize the facility to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

Uses and Disclosures Permitted without Authorization but with Opportunity to Object: We may disclose your protected health information to a family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. We can also disclose your protected health information in connection with trying to locate or notify family members or others involved in your care, concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures, or we can infer from the circumstances that you do not object, or we determine, in the exercise of our professional judgment, that it is in your best interest for us to make disclosure of your

protected health information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

Uses and Disclosures which you Authorize: Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy: You may inspect and obtain a copy of your protected health information that is contained in your file. Usually this includes medical and billing records and any other records that your physician and Stat Anesthesia Specialists uses for making decisions about you. This does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; or protected health information that is subject to a law that prohibits access to protected health information.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine 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 referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your protected health information, we will charge a fee for the costs of copying, mailing, or other costs incurred by us to comply with your request. Illinois law prohibits charges that exceed the following: \$20.00 handling fee plus 75 cents per page for pages 1-25, 50 cents per page for pages 26-50, and 25 cents per page for pages 51 or more. Please contact our Privacy Officer if you have questions about access to your medical record.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health 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 family members or friends involved in your care or the payment for your care.

To request restrictions, you must make your request in writing to the Privacy Officer of Stat Anesthesia Specialists. Your request must state the specific restriction requested, and to whom you want the restriction to apply

We are not required to agree to your request. We will notify you if we deny your request to a restriction. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to your request for restriction.

Right 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 request that we only contact you at work or only by mail. We will not ask you the reason for your request. To request confidential communications, you must make your request in writing to the Privacy Officer of Stat Anesthesia Specialists. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests; however, we may condition the accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

Right to Amend: If you feel that protected health 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 this practice.

To request an amendment, your request must be in writing and submitted to the Privacy Officer of Stat Anesthesia Specialists. Your request should include the reason that supports your request.

We may deny your request for the 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 Stat Anesthesia Specialists, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the protected health information kept by or for Stat Anesthesia Specialists.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your protected health information made by Stat Anesthesia Specialists. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an

authorization form, disclosures to friends or family members involved in your care, or other disclosures we are permitted to make without your authorization.

Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a 12 month period will be free of charge. For each additional accounting within a 12-month period, a fee of \$20.00 will be charged. We will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

Right to a Paper Copy of This Notice: You have a right to a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have previously received a copy. To obtain a paper copy of this notice, ask the Privacy Officer or any of our front office staff. You may obtain a copy of this notice at our website, **www.statanesthesia.com**

Complaints: If you believe your privacy rights have been violated, you may file a complaint with Stat Anesthesia Specialists Privacy Officer or with the Secretary of the Department of Health and Human Services. We encourage you to express any concerns you may have regarding the privacy of your protected health information. You will not be penalized, discriminated against, retaliated against, or intimidated in any way for filing a complaint. Your complaint should be submitted in writing to the Privacy Officer of Stat Anesthesia Specialists.

Other Uses of Protected Health Information: Other uses and disclosures of protected health 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 protected health 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 protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care we provide you.

Our Duties: Stat Anesthesia Specialists is required by law to maintain the privacy of your protected health information, and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by the terms of this Privacy Notice. We reserve the right to change the terms of this Privacy Notice, and to make the new Privacy Notice provisions effective for all future protected health information that we maintain. We will post a copy of the current notice in our waiting room. The Privacy Notice will contain the effective date on the last page of the Notice.

Contact Person: Stat Anesthesia Specialists's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is our Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting our Privacy Officer. If you feel your privacy rights have been violated by Stat Anesthesia Specialists, you may submit a complaint in writing to our Privacy Officer by sending it to:

Stat Anesthesia Specialists

18221 Torrence Ave

Lansing Illinois 60438

ATTENTION: PRIVACY OFFICER

You can contact our Privacy Officer by telephone at 708-895-9450

Effective Date: This notice is effective May 20, 2008.