

SHARED MANAGEMENT SERVICES, INC

NOTICE OF INFORMATION PRACTICES (Privacy Notice)

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.

We care about you and your healthcare information. We are committed to safeguarding your medical record and to seeing that such records are available only to properly authorized individuals.

Understanding Your Health Record/ Information

Each time you visit a facility, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation
- source of data for facility planning and marketing tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Our Responsibilities

This company, its staff members and other health care providers who render care in conjunction with this company constitute an organized health care arrangement. The members of this arrangement will follow this notice when they treat, and will be permitted to use and disclose your health information as indicated in this notice. However, the members of this arrangement are legally separate, and one member will not have any responsibility for the medical care or professional judgment provided by another, independent member. All members of this arrangement will:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction

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- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised notice to you. We will not disclose your health information without your consent or authorization, except as described in this notice. Different privacy practices may apply to your medical information that is created or kept by other people or entities.

How We Will Use or Disclose Your Health Information

The following categories describe the ways that we may use and disclose your medical information, including sensitive information such as mental health, communicable disease and drug and alcohol abuse information. In order to assure compliance with Oklahoma law, we will obtain your general consent to use and disclose your medical information. Not every use or disclosure in a category will be listed. You will give us your consent by signing an acknowledgment and consent form provided by the company. If you do not consent, we cannot provide you with treatment except in an emergency or other limited circumstances. If you are concerned about a possible use or disclosure of any part of your medical information, you may request a restriction. Your right to request a restriction is described in the section below regarding patient rights. Oklahoma law only permits disclosure of communicable disease information, (such as HIV, AIDS, Hepatitis, etc.) under the following circumstances: (i) with the patient's written consent, (ii) if release is ordered by a court; (iii) if release is required by the State Department of Health to protect the public; (iv) if release is made to a person exposed to such diseases; (v) if release is required to health professionals, appropriate state agencies or a court to enforce Oklahoma law; (vi) if release is required for statistical purposes without patient identity, or (vii) if release is required to health care providers and related parties for diagnosis and treatment purposes.

- 1) Treatment. We will use your health information for treatment.

For example: Information obtained by company personnel will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her plan for your care. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We also will provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

- 2) Payment. We will use your health information to obtain payment for the services we provide to you.

For example: A bill may be sent to you or a third-party, including Medicare, Medicaid and private insurance companies. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We may disclose medical information about you to another health care entity or provider so that it may obtain payment for services provided.

- 3) Health care operations. We will use your health information for our company operations.

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For example: We may contact you to provide appointment reminders and pre-registration. Members of the company staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

- 4) Business Associates. We may disclose your medical information to other entities that provide services to or for the Company that require the release of patient medical information. However, we will make these disclosures only if we have received satisfactory assurance that the other entity will properly safeguard your medical information.

For example: We may contract with another entity to provide billing services.

- 5) Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, your location and general condition.
- 6) Communication with family. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- 7) Research. We may disclose information to researchers. In many circumstances, your information may only be released with your written authorization. However, your information may be disclosed without your authorization when the research has been approved by a special committee that has reviewed the research proposal and established safeguards to ensure the privacy of your health information, and under certain other limited circumstances. Medical information about people who have died can be released without authorization under certain circumstances.
- 8) Coroners, Medical Examiners and Funeral Directors. We may release medical record information to a coroner or medical examiner, to help identify a person or determine the cause of death. We also may release medical information about patients to funeral directors as necessary to carry out their duties.
- 9) Organ procurement organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- 10) Treatment Alternatives. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- 11) Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- 12) Workers Compensation. We may disclose health information in order to comply with laws relating to workers compensation or other similar programs established by law.
- 13) Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

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For example: We are required to report, among other things, (1) cases of possible abuse or neglect, (2) criminally inflicted injuries; (3) certain infectious diseases; and (4) births, deaths and other statistical information.

- 14) Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official or agency, we may disclose to the institution, official or agent health information necessary for your health and the health and safety of other individuals.
- 15) Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a court order.

In particular, we may release medical information to law enforcement officials (i) to help identify or locate a suspect, fugitive, material witness or missing person; (ii) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (iii) about a death we believe may be the result of criminal conduct; (iv) about criminal conduct in the facility; and (v) in certain 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.

- 16) Reports. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
- 17) Public Safety. We may use and disclose medical information about you when necessary to prevent serious threat to your health and safety or the health and safety of another person. Any disclosure would only be to someone able to help prevent the threat.
- 18) 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. In limited circumstances, we may disclose medical information about you in response to a subpoena or discovery request, but only if efforts have been made to inform you about the request or to obtain an order protecting the information requested.
- 19) National Security, Protective Services and Intelligence Activities. We may release medical information about you to authorized federal officials for (i) intelligence, counterintelligence and other national security activities authorized by law and (ii) for protection of the President and other authorized persons.
- 20) Military/Veterans. We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

Authorization Requirements

Before we can use or disclose your medical information for any purpose other than those described in this notice, we must obtain a separate written authorization from you. If you provide us with an authorization to use or disclose your medical information, you may revoke the authorization, in writing, at any time. If you revoke your authorization we will not use or disclose your medical information for the reasons covered in your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization.

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Your Health Information Rights

Although your health record is the physical property of the health care practitioner or company that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by law. We ask that such requests be made in writing. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.
- obtain a paper copy of the Notice of Information Practices upon request.
- inspect and obtain a copy of your health record. This right does not apply to a very narrow category of medical information referred to as "psychotherapy notes." If you request copies, we will charge you a reasonable fee, not to exceed \$1.00 for the first page and \$0.50 for each additional page (or \$5.00 for radiology films). We may deny your request to inspect and/or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. We will comply with the outcome of the review.
- request an amendment to your health record. Such a request must be made in writing and you must state a reason for the amendment. We are not required by law to honor your request if we determine, among other things, that the record is accurate and complete.
- obtain an accounting of disclosures of your health information. This is a list of certain disclosures we make of your medical information. We are not required to include in this accounting (i) disclosures made for treatment, payment or health care operations, or (ii) disclosures that you authorize. You are entitled to one free copy of this accounting every 12 months. Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.
- request communications of your health information by alternative means or at alternative locations. For example, you may request that we only contact you at work or by mail.
- revoke your authorization to use or disclose health information except to the extent that action has already taken place.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at 405/858-2353.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing and you may send to the Privacy Officer or Administration. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: April 14, 2003