

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THE FOLLOWING NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION BELOW CAREFULLY. THIS NOTICE APPLIES TO Q CARE PLUS, INC. AND Q CARE PLUS MEDICAL, P.C.

This Notice informs you about our possible uses and disclosures of your health information. It also describes your rights and our obligations regarding your personal health information.

How we use and disclose your PHI: Except where prohibited by other laws that require special privacy protections, we may use and disclose your health information without your prior authorization as follows:

- Treatment: We may use your PHI and share it with other healthcare providers who are treating you, such as when necessary to order laboratory tests and to receive the associated test results. You may be contacted by us to remind you of any appointments or refill reminders, or to discuss your healthcare treatment options.
- Payment: We may use your PHI and share it with payors/insurers in order to bill and receive payment for the health care services we provide to you. We may also contact you to discuss your insurance/billing options.
- Operations: We may use your PHI and share it when necessary to operate our company, such as performing quality improvement activities, conducting patient satisfaction surveys, and assessing staffing needs. We may also share your information with business associates who are contractually obligated to protect the privacy of your health information the same way we are.
- Non-Routine Situations: Your PHI may be released in other non-routine situations, such as:
 - To address public health and safety issues, including reporting communicable diseases when required by law, reporting adverse reactions to health oversight agencies, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to your or someone's health or safety
 - For health research purposes, subject to a special approval process
 - To organ procurement organizations and similar entities related to organ and tissue donation/transplant requests
 - To a coroner, medical examiner, or funeral director when necessary for them to do their job
 - To government agencies responsible for overseeing health care provider quality or billing practices
 - As required or permitted by state law governing workers' compensation programs
 - To law enforcement officials in certain limited circumstances, including in response to an investigative demand or to help identify or locate a suspect, fugitive, material witness, or missing person
 - In response to a court or administrative order, a subpoena, or as otherwise required or allowed by law
 - For special government functions such as military, national security, and presidential protective services
- Friend and Family Members and Disaster Organizations: You may agree for us to communicate with a family member or friend to help facilitate your treatment or payment for your treatment. If there is an emergency situation and you are unable to agree, we may also go ahead and share your PHI to the extent necessary with your friends, family, and disaster relief organizations, unless you have indicated to us that you do not want your PHI shared in such situations.
- Authorizations: Except as described above, we may not use or disclose your PHI without first receiving written authorization from you. We will never sell your PHI or use or disclose your PHI for marketing purposes without your written authorization. If you sign an authorization, you may revoke your authorization at any time by contacting the Privacy Officer at the address or telephone number below, but only for information we have not already released in reliance upon your initial authorization.
- State Law and Disease Specific Privacy Protections. In some instances state law related to certain conditions, such as sexually transmitted infections, or otherwise, may require your prior written consent before we can use or disclose such information for certain purposes, including those described above. In such instances prior to using or disclosing your information, we will comply with all requirements of such applicable law.

Your rights related to your PHI: Please contact the Privacy Officer to exercise any of the following rights. You have the right to:

- Request restrictions on the way we use or disclose your PHI for treatment, payment, or operations purposes. We are not required to agree to your request, unless your request relates to information about a service or health care item that you paid for out-of-pocket in full, and the disclosure is to your health insurer for payment

or operations purposes.

- To be informed promptly if a breach occurs that may have compromised the privacy or security of your unsecured PHI.
 - Receive paper or electronic copies of PHI we use to make decisions about you, such as your medical or billing records. We may charge a reasonable, cost-based fee for such copies.
 - Request changes to correct your PHI. We will review your request and make changes if we agree they are reasonable, and if we do not, we may say "no" and tell you why in writing within 60 days.
 - Ask us to contact or communicate with you in a certain way (e.g., home or mobile phone) or to send mail to a different address. We will agree to all reasonable requests.
 - Request a list of who accessed or received your PHI and for what purpose during the 6 years preceding your request. This list will not include all disclosures of your PHI that we have made, including routine disclosures of your information for treatment, payment and health care operations purposes. We will provide you with one accounting a year for free, but may charge a reasonable, cost-based fee if you ask for another list within 12 months.
 - Complain to us and/or any applicable federal or state agency about our privacy practices. You may contact us by writing to the Privacy Officer. We will not retaliate against you for filing any complaint.
 - Keep a copy of this notice and to request a copy at any time, even if you have also received it electronically.
- We may make changes to this Notice at any time, and the changes will apply to all information we have about you. You may request a copy of any revised Notice, and we will post the latest version on our website. All questions should be directed to the Privacy Officer at privacy@qcareplus.com or by telephone at 888.708.0561, ext 1.