

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. You have the right to obtain a paper copy of this Notice upon request.

Accountability

All our employees sign a confidentiality agreement regarding the use and care of your medical information. This is a cardinal rule for our practice. We understand our legal obligations to protect your information according to the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which is federal law. Ask us at any time about any of your concerns regarding privacy and confidentiality.

Purpose of Collecting Health Information

We ask you for information to establish a relationship and serve your medical needs. We obtain most of our information about you directly from you, or from other health practitioners whom you have seen and authorized to disclose to us. You are entitled to know how we use your information. We will limit the information we collect to what we need for those purposes, and we will use it only for those purposes. We will obtain your consent if we wish to use your information for any other purpose.

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

How We Use Your Patient Health Information

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

Safeguards

We protect your information with appropriate safeguards and security measures. The Practice maintains personal information in a combination of paper and electronic files. Recent paper records concerning individuals' personal information are stored in files kept onsite in a locked file cabinet. Records may be stored securely offsite. Access to personal information will be authorized only for the physicians and employees associated with the Practice, and other agents who require access in the performance of their duties, and to those otherwise authorized by law. We provide information to health care providers acting on your behalf, on the understanding that they are also bound by law and ethics to safeguard your privacy. Other organizations and agents must agree to abide by our Privacy Policy and may be asked to sign contracts to that effect. We will give them only the information necessary to perform the services for which they are engaged, and will require that they not store, use or disclose the information for purposes other than to carry out those services. Our computer systems are password-secured and constructed in such a way that only authorized individuals can access secure systems and databases. If you send us an e-mail message that includes personal information, such as your name included in the

"address", we will use that information to respond to your inquiry. Please remember that e-mail is not necessarily secure against interception. If your communication is very sensitive, you should not send it electronically unless the e-mail is encrypted or your browser indicates that the access is secure.

Consent

You have the right to determine how your personal health information (PHI) is used and disclosed. For most health care purposes, your consent is implied as a result of your consent to treatment, however, in all circumstances express consent must be written. Your written Consent will be forwarded to the Privacy Officer who will document the request inpatient's medical records and notify appropriate Health care providers and their supporting staff. Patients who have withdrawn consent to disclose PHI must sign and date the Consent to Withdrawal Form. It is understood that the consent directive applies only to the PHI which the patient has already provided, and not to PHI which the patient might provide in the future: Mobile Mini Clinic permits certain collections, uses, and disclosures of the PHI, despite the consent directive; healthcare providers may override the consent directive in certain circumstances, such as emergencies; and the consent directive may result in delays in receiving health care, reduced quality of care due to healthcare provider's lacking complete information about the patient, and healthcare provider's refusal to offer non-emergency care. Your written Consent to Withdrawal Form will be forwarded to the Privacy Officer who will document the request in patient's medical records and notify appropriate Health care providers and their supporting staff.

Individual Rights

You have the following rights with regard to your health information. Please contact the number listed (under "Contact Person") to obtain the appropriate form for exercising these rights.

Request Restrictions

You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions. Also, if you have paid for your health care treatment out-of-pocket and in full, and if you request that we limit disclosure of your information to a health plan for purposes of payment or health care operations, we will abide by your request.

Confidential Communications

You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

Inspect and Obtain Copies

In most cases, you have the right to look at or get a copy of your health information. There may be a charge for the copies.

Accounting of Disclosures

You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment or health care operations.

Examples of Treatment, Payment and Health Care Operations Treatment

We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to durable medical equipment companies who are helping with your care. Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations

We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to access the care and outcomes of your case and others like it.

Changes in Privacy Practices

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice on our Web site. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the number listed below.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the number listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Please direct all concerns and questions to

Taheerah D. Demby, Privacy/Compliance Officer Mobile Mini Clinic

2225 Prickly Pear Walk

Lawrenceville, GA 30043

470-207-1866

mobileminiclinic@gmail.com