

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION (continued)

Right To Receive Confidential Communications.

You have the right to request that Provider communicate with you in a certain way. For example, you may ask that Provider only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Clinical Director (262) 780-0991. Provider will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right To Inspect And Copy Your Health Information.

You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Clinical Director (262) 780-0991. If you request a copy of your health information, Provider may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Your Health Information. You or your representative have the right to request that Provider amend your records, if you believe your health information records are incorrect or incomplete. That request may be made as long as the information is maintained by Provider. A request for an amendment of records must be made in writing to the Clinical Director, 890 N. Elm Grove Road Suite-205, Elm Grove, WI 53122. Provider may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by Provider, if the records you are requesting are not part of Provider's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Provider, the records containing your health information are accurate and complete.

Right To An Accounting. You or your representative have the right to request an accounting of disclosures of your health information made by Provider for certain purposes, which may include disclosures authorized by law and disclosures made for research. The request for an accounting must be made in writing to the Clinical Director at 890 N. Elm Grove Rd. Suite-205, Elm Grove, WI 53122. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. Provider will provide the first accounting you request during any 12 month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

DUTIES OF PROVIDER

Provider is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Provider is required to abide by the terms of this Notice as may be amended from time to time. Provider reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If provider makes a material change to this Notice, Provider will provide a copy of the revised Notice to you or your appointed representative. You or your representative have the right to express complaints to Provider and to the Secretary of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to Provider should be made in writing to the Clinical Director, 890 N. Elm Grove Road Suite-205, Elm Grove, WI 53122. Provider encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Provider has designated the Clinical Director as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at:

**Clinical Director
890 N. Elm Grove Rd. Suite-205
Elm Grove, WI 53122
(262) 780-0991**

EFFECTIVE DATE

This Notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

**Clinical Director,
890 N. Elm Grove Rd., Suite-205
Elm Grove, WI 53122
(262) 780-0991**

NOTICE OF HEALTHCARE PROVIDER'S PRACTICES

Genesis Counseling Group, S.C.
890 N. Elm Grove Rd. Suite-205
Elm Grove, WI 53122 • (262) 780-0991

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Genesis Counseling Group, S.C. and Dr. Gary R. Gregg, Psy.D. may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Provider has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. Provider may use your health information to provide care to you and disclose your health information to others who provide care to you. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Provider also may disclose your health care information to individuals outside of the Provider involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. Provider may include your health information in invoices to collect payment from third parties for the care you may receive from provider. For example, Provider may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Provider. The Provider also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

To Conduct Health Care Operations. Provider may use and disclose health information for its own operation in order to facilitate the function of Provider and as necessary to provide quality care to all of Provider's patients. Health care operations include activities such as:

- Quality assessment and improvement activities.

To Conduct Health Care Operations. (Continued)

- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Provider.
- Fundraising for the benefit of Provider and certain marketing activities.

For example, Provider may use your health information to evaluate its staff performance, combine your health information with other provider patients in evaluating how to more effectively serve all of Provider's patients, disclose your health information to Provider staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you or your family as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For Fundraising Activities. Provider may use information about you, including, your name, address, telephone number and the dates you received care at Provider in order to contact you or your family to raise money for Provider. If you do not want Provider to contact you or your family, you must notify the Clinical Director (262) 780-0991 and indicate that you do not wish to be contacted.

For Appointment Reminders. Provider may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care with Provider.

For Treatment Alternatives. Provider may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

When Legally Required. Provider will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks To Public Health. Provider may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- To report adverse events, product defects, to track products or enable products recalls, repairs and replacements and to conduct post marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence. Provider is allowed to notify government authorities if Provider believes a patient is the victim of abuse, neglect or domestic violence. Provider will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. Provider may disclose your health information to a health oversight agency for activities including: audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action. Provider, however, may not disclose your health information if you are subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. As permitted or required by State law, Provider may disclose your health information in the course of any judicial or administrative proceedings in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process. Reasonable efforts will be made to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State law, Provider may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

To Coroners And Medical Examiners. Provider may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Providers. Provider may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Provider may disclose your health information prior to, and in reasonable anticipation of, your death.

For Organ, Eye Or Tissue Donation. Provider may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissues for the purpose of facilitating the donation and transplantation.

For Research Purposes. Provider may, under very select circumstances, use your health information for research. Before Provider discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In The Event Of A Serious Threat To Health Or Safety. Provider may, consistent with applicable law and ethical standards of conduct, disclose your health information if Provider, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorizes Provider to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. Provider may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, Provider will not disclose your health information other than with your written Authorization. If you or your representative authorizes Provider to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Provider maintains:

Right To Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Provider's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Provider is not required to agree to your request. If you wish to make a request for restrictions, please contact the Clinical Director (262) 780-0991.

(Continued in next Section ...)