



NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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

PLEASE READ THIS NOTICE CAREFULLY

At CareFirst Medical Associates, we believe that your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality.

This Notice describes the privacy practices of CareFirst Medical Associates and its affiliated facilities (CFMA). This Notice applies to all of the health records that identify you and the care you receive at CFMA facilities. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. We are legally required to give you this Notice and to follow the terms of the Notice that is currently in effect.

CAREFIRST MEDICAL ASSOCIATES AND AFFILIATED FACILITIES

All of our clinics, employed physicians, and affiliated facilities follow the terms of this Notice. The doctors and other caregivers at CFMA *who are not employed by CFMA* exchange information about you as a patient with CFMA employees. These health care practitioners may also give you other privacy notices that describe their office practices.

All of these clinics, employed physicians, and affiliated facilities may share your health information with each other for reasons of treatment, payment, and health care operations as discussed below.

HOW CFMA MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a patient of CFMA, we will use your health information within CFMA and disclose your health information outside CFMA for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

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Treatment. We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at CFMA who need that information to take care of you. For example, a doctor treating you for a herniated disc may need to ask another doctor if you have diabetes because diabetes alters the type of medication prescribed or procedure performed. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside CFMA who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Payment. We may use and disclose your health information so that the health care you receive may be billed and paid for by you, your insurance company, or another third party. For example, we may give information about a procedure you had here to your health plan so it will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

Health Care Operations. We may use your health information and disclose it outside CFMA for our health care operations. These uses and disclosures help us operate CFMA to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at CFMA for learning and quality improvement purposes. We may remove information that identifies you so people outside CFMA may study your health data without knowing who you are.

Contacting You. We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Health-Related Services. We may use and disclose health information about you to send you mailings about health-related products and services available at CFMA.

Philanthropic Support. We may use general demographic information about you to contact you in an effort to raise funds to support CFMA and its operations. We also will tell you how to cancel these communications.

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Medical Research. We perform medical research here. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other CFMA researchers. All patient research conducted at CFMA goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside CFMA for research reasons without either getting your prior written approval or determining that your privacy is protected.

Legal Matters. We will disclose health information about you outside CFMA when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside CFMA for treatment, payment, health care operations, and when permitted or required by law. We will not use or disclose your health information for *other* reasons without your written authorization. For example, you may want us to release medical information to your employer or to your child's school. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom CFMA has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the CFMA facility that maintains the records about which you want the accounting. We will not list disclosures made before April 14, 2003, or those made earlier than 6 years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the medical records department of the CFMA facility that maintains the

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records or to the Privacy Office, CareFirst Medical Associates, Whitehouse, Texas 75791. We will respond to you within 60 days. We will give you the first listing within any 12-month period free, but we will charge you for all other accountings requested within the same 12 months.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend and give the reason for your request. You must address your request to the Privacy Official of the CFMA facility that maintains the records you wish to amend or to the Privacy Office, CareFirst Medical Associates, Whitehouse, Texas 75791. CFMA will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

Right to Inspect and Obtain Copy. You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the medical records department of the CFMA facility that maintains the records. (Requests for billing records should be sent to the billing departments.) We may charge a fee for processing your request. If CFMA denies your request to inspect or obtain a copy of the records, you may appeal the denial within CFMA.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify the CFMA facility making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the medical records department of the CFMA facility making the confidential communications or to the Privacy Office, CareFirst Medical Associates, Whitehouse, Texas 75791. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice at any of our facilities or by calling the CFMA Privacy Office at 800-264-0448. You may view this Notice at our Web site, www.carefirstmed.com.

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COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CFMA or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with CFMA, you must submit your complaint in writing to the Privacy Office, CareFirst Medical Associates, Whitehouse, Texas 75791. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

CFMA may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at each of our facilities and on our Web site, www.carefirstmed.com.

If you have questions about this Notice, you may telephone the number shown below for your CFMA facility and ask for the privacy official. You may also call the Privacy Office of the CareFirst Medical Associates at 800-624-0448.