

ALLAM MEDICAL GROUP, LLC

PHYSICIAN PRACTICE'S 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.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short, and it includes information that can be used to identify you that have created or received about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose any more of your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

USES AND DISCLOSURES, WHICH DO NOT REQUIRE YOUR AUTHORIZATION.

We may use and disclose your PHI without your authorization for the following reasons:

- For treatment. We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel who provide you with health care services or are involved in your care.
- To obtain payment for treatment. We may use and disclose your PHI to bill and collect payment for the treatment and services provided to you.
- For health care operations. We may disclose your PHI to operate our practice.
- When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.
- For public health activities.
- For health oversight activities.
- For purposes of organ donation. We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- For research purposes.
- To avoid harm. To avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- For workers' compensation purposes.

ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION. IN ANY OTHER SITUATION NOT DESCRIBED ABOVE, WE WILL ASK FOR YOUR WRITTEN AUTHORIZATION BEFORE USING OR DISCLOSING ANY OF YOUR PHI. IF YOU CHOOSE TO SIGN AN AUTHORIZATION TO DISCLOSE YOUR PHI, YOU CAN LATER REVOKE THAT AUTHORIZATION IN WRITING TO STOP ANY FUTURE USES AND DISCLOSURES (to the extent that we haven't taken any action relying on the authorization).

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- The right to request limits on uses and disclosures of your PHI. You have right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- The right to see and get copies of your PHI. In most cases you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. We respond to you within 30 days after receiving your written request.
- The right to get a list of the disclosures we have made. You have the right to get a list of instances in which we have disclosed your PHI.
- The right to correct or update your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. We will respond within 60 days of receiving your request in writing. You must provide the request and your reason for the request in writing.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with our officer. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W.; Washington, DC 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Allam Medical Group's privacy officer.