

Effective Date: 9/23/13

MEDSIDE HEALTHCARE NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers, and other health care entities to develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information, and to safeguard access to and disclosure of health information. The federal government has privacy rules, which require that we provide you with information on how we might use or disclose your identifiable health information. Because MedSide Healthcare provides health care services and health care related services, it is required by the federal government to give you this Notice of Privacy Practices.

OUR COMMITMENT TO YOUR PRIVACY

As a healthcare provider, MedSide uses your confidential health information and creates records regarding that health information in order to provide you with quality care and to comply with certain legal requirements. We understand that this health information is personal, and we are dedicated to maintaining your privacy rights under federal and state laws.

We are required by law to: (1) make sure that your health information is kept private; (2) give you this Notice of our legal duties and privacy practices with respect to your health information; and (3) follow the terms of the Notice that are currently in effect.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following information describes different ways that we may use or disclose your health information without your authorization. For each category of use or disclosure, we will explain what we mean and give examples to help you better understand each category. Although we cannot list every use or disclosure within a category, we are only permitted to use or disclose your health information without your authorization if it falls within one of these categories.

If your health information contains information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV/AIDS tests or results), we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of such information. Once we have

obtained your consent, we will treat the disclosure of such information in accordance with our privacy practices outlined in this Notice.

CATEGORIES FOR USES AND DISCLOSURES

Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, residents, student nurses, or other healthcare personnel or healthcare trainees who are involved in taking care of you at MedSide.

Payment. We may use or disclose health information about you in order to bill and collect payment for the services and items you may receive from us. For example, we may need to give your health insurance plan information about your treatment so your health insurance plan will pay us or reimburse you for the treatment, or in order to determine whether your health insurance plan will cover the treatment. We may disclose to other healthcare providers health information about you for their payment activities.

Health Care Operations. We may use and disclose health information about you for MedSide health care operations. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may combine the health information we have with health information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer.

Appointment Reminders, Follow-up Calls and Treatment Alternatives. We may use or disclose health information to remind you that you have an appointment or to check on you after you have received treatment. If you have an answering machine we may leave a message. We also may send you a post card appointment reminder. We may contact you about possible treatment options or alternatives or other health related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special

approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS

We may also use or disclose your health information without your authorization in the following situations:

As Required By Law. We will use or disclose health information when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use or disclose health information when necessary to prevent a serious threat to your health and safety, another person or the public. Any disclosure, however, would only be to someone able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Uses and Disclosures Subject to State and Other Laws. In addition to the federal privacy regulations that require this Notice (called the "HIPAA" regulations), there are Georgia and other federal health information privacy laws. These laws on occasion may require your specific written permission prior to disclosures of certain particularly sensitive information (such as mental health, drug/alcohol abuse, or HIV/AIDS information) in circumstances that the HIPAA regulations would permit disclosure without your permission. MedSide is required to comply not only with the HIPAA regulations but also with any other applicable laws that impose more strict nondisclosure requirements.

Organ and Tissue Donations. To organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. To military command authorities as required, if you are a member of the armed forces. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. To workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Public Health Activities. To public health agencies or other governmental authorities to report public health activities or risks. These activities generally include the following: to prevent or control disease, injury or disability; to report births and

deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products that they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition as authorized by law; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when we are required or authorized by law).

Health Oversight Activities. To a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. In response to a court or administrative order, if you are involved in a lawsuit or a dispute. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or in some instances, to obtain an order protecting the health information requested.

Law Enforcement. In response to a court order, subpoena, warrant, summons or similar process; or upon request by a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person or to obtain information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's authorization. We may report a death we believe may be the result of criminal conduct or report suspected criminal conduct occurring on the premises. We may also report information related to a suspected crime discovered in the course of providing emergency medical services.

Coroners, Medical Examiners and Funeral Directors. To a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients treated by MedSide to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. To authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. To the correctional institution or law enforcement official, if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other types of uses and disclosures of your health information not described in this Notice will be made only with your written authorization. You may revoke your authorization by giving written notice to MedSide. If you revoke your authorization we will no longer use or disclose your health information as permitted by your initial authorization, except as required by law or as stated in any exceptions listed in the authorization. Please understand that we will not be able to take back any disclosures we have already made and that we are still required to retain our records containing your health information that documents the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request,

in writing, to MedSide Corporation, Attn: Privacy Officer, 1120 Hope Road, Sandy Springs, GA 30350. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Request an Amendment. If you feel that health information we have about you is incorrect, you may ask us to amend it. You have the right to request an amendment for as long as the health information is kept by or for MedSide. To request an amendment, you must make your request, in writing, to MedSide Corporation, Attn: Privacy Officer, 1120 Hope Road, Sandy Springs, GA 30350.

Right to an Accounting of Disclosures. You have the right to request a list of the disclosures we made of your health information, except for disclosures:

- for treatment, payment or healthcare operations,
- pursuant to an authorization,
- incident to a permitted use or disclosure, or
- certain other limited disclosures defined by law.

To request an accounting of disclosures, you must make your request, in writing, to MedSide Corporation, Attn: Privacy Officer, 1120 Hope Road, Sandy Springs, GA 30350.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. To

request a restriction, you must make your request, in writing, to MedSide Corporation, Attn: Privacy Officer, 1120 Hope Road, Sandy Springs, GA 30350.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We have the right to revoke our agreement at any time, and once we notify you of this revocation, we may use or disclose your health information without regard to any restriction or limitation you may have requested.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request, in writing, to MedSide Corporation, Attn: Privacy Officer, 1120 Hope Road, Sandy Springs, GA 30350. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right To Receive a Paper Copy of This Notice. Even if you have agreed to receive this Notice electronically, you have the right to receive a paper copy of this Notice, which you may ask for at any time. You may obtain a copy of this notice at our web site, www.medside.com. To obtain a paper copy of this notice, you must make your request, in writing, to MedSide Corporation, Attn: Privacy Officer, 1120 Hope Road, Sandy Springs, GA 30350.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by writing to: Privacy Officer, MedSide Healthcare, 1120 Hope Road, Sandy Springs, GA 30350. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

Contact Information

Subject	Contact	Phone	Email
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Clarification of Policy	Office of Legal Counsel	404-633-7433	michael@medside.com
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