



NOTICE OF PATIENT PRIVACY PRACTICES

EFFECTIVE DATE: December 30, 2010

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.

Each time you receive care or treatment as at physician office, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment information, and plan for future care or treatment, identifying information and billing-related information. The physician office of Physicians Medical Centers, Inc. ("PMC") and affiliates set forth below share an electronic medical record for continuity of care purposes and for administrative convenience. This notice is provided to inform you regarding (i) how the PMC physicians and staff may use or disclose medical information about you, (ii) with whom medical information about you may be shared, (iii) the safeguards PMC has in place to protect medical information about you and (iv) your right to access and amend medical information about you. For purposes of this Notice, "medical information about you" includes sexually-transmissible disease-related information (including HIV and AIDS), genetic information, alcohol and/or substance abuse information, mental health information and other specially protected health information that may be subject to additional confidentiality protections under applicable State and Federal law.

Physicians Medical Centers-Jax Inc.* Peoples Medical Centers-Primary Care, Inc.*Physicians Medical Centers, Inc.

PMC is required to maintain the privacy of medical information about you and abide by the terms of this Notice (or the version currently in effect). PMC reserves the right, however, to change this Notice in the future. Its effective date is noted at the top of this first page. PMC reserves the right to make the revised or changed notice effective for health information it already has about you as well as any information it receives in the future. You may obtain a copy of the current version of this Notice at any time by contacting any location by requesting a copy be mailed to you, or asking for a copy at your next visit to PMC.

You will be asked to provide a signed acknowledgment of receipt of this Notice. Since PMC's intent is to make you aware of the possible uses and disclosures of medical information about you and your privacy rights, the delivery of your health care services will in no way be conditioned upon your signed acknowledgment of this Notice. If you decline to provide a signed acknowledgment, PMC will continue to provide your treatment and will use and disclose medical information about you to the extent permitted by applicable law.

USE AND DISCLOSURE OF MEDICAL INFORMATION ABOUT YOU

FOR TREATMENT: PMC may use medical information about you, as needed, to provide treatment or services to you. PMC may disclose medical information about you to, and obtain your medical information from, doctors, nurses, technicians, medical students or other individuals who are involved in taking care of you. For example, a PMC physician treating you for a broken leg may want to refer you to a specialist, such as an orthopedic surgeon, and if so will need to release information about your condition to such specialist. Medical information about you may also be shared between various PMC offices in order to coordinate your care. PMC may also provide a subsequent healthcare provider with medical information about you. (e.g., copies of various reports) that should assist him or her in treating you in the future. PMC may also disclose medical information about you to, and obtain your medical information from, appropriate regional health information organizations (commonly referred to as RHIO's), in which you participate or for which you qualify for the purpose of the participating providers' treatment, payment and healthcare operations. RHIOs are electronic health information networks in which community healthcare providers (such as PMC) may participate to facilitate the provision of care to patients (such as yourself). Information contained in RHIOs may also be analyzed by the participating healthcare providers to improve their respective healthcare operations. PMC may also obtain information about you from, or transmit information about you through, electronic equipment and systems, such as medical devices used in your care, video cameras/monitors on PMC premises, PMC's computer systems and any other applicable technology.

FOR PAYMENT: PMC may use and disclose medical information about you, as needed, to bill and collect payment from you, your insurance company or a third party payer for care or treatment rendered to you. For example, PMC may need to give your insurance company information about your visit so that it will pay PMC or reimburse you for treatment provided by PMC in connection with such visit, or PMC may need to give a consulting specialist information about you so that he or she can bill your insurance company for his or her professional services in connection with such consultation. PMC may also tell your health plan about treatment you are going to receive to determine whether your plan will cover the cost of it. PMC may also use and disclose medical information about you, as needed, to obtain reimbursement from any other entity or program for services or products provided to you by PMC. For example, if PMC provides a dose of medication to you and such medication (which is not reimbursed by you or your insurance company) qualifies under a pharmaceutical manufacturer's "drug replacement program," then PMC may disclose information about your care to such pharmaceutical manufacturer to the extent necessary to obtain a free or discounted replacement dose of such medication.

FOR HEALTHCARE OPERATIONS: PMC may use and disclose medical information about you, as needed, to support the daily activities related to its healthcare services. These activities include, but are not limited to, quality assessment activities, oversight of staff performance, healthcare education, licensing, fundraising, communication about a product or service, patient satisfaction surveys and focus groups and conduction or arranging for other healthcare-related activities. In addition, PMC may permit various observers to accompany its physicians and staff as they provide care to you and other patients on its premises. For example, PMC may disclose medical information about you to medical school students observing patients at PMC, may call you by name in a waiting room when the physician or other provider is ready to see you, and may use or disclose medical information about you, as necessary, to contact you to remind you of an appointment.

PMC may share medical information about you, as needed, with independent “business associates” who perform various activities (for example, billing services, transcriptionists and survey entities) for PMC. PMC’s business associates will also be required to protect any medical information PMC provided about you. PMC may also use or disclose medical information about you, as needed, to provide you with information about treatment alternatives or other health-related benefits and services that might be of interest to you. For example, your name and address may be used to send you a newsletter about PMC and the services it offers or to send you information about products or services that PMC believes might benefit you.

To the extent permitted or required by law, PMC may disclose to a member of your family, a relative, a close friend or any other person you identify, medical information about you that directly relates to that person’s involvement in your care. PMC may also disclose information to someone who helps you pay for your care. PMC may use or disclose medical information about you to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosure to family or other individuals involved in your care.

AS PERMITTED OR REQUIRED BY LAW: PMC may use or disclose medical information about you to the extent permitted or required by applicable law:

FOR PUBLIC HEALTH: PMC may disclose medical information about you to a public health authority that is permitted by law to collect or receive such information. Such disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability
- Report births and deaths
- Report child abuse or neglect
- Report reactions to medications or problems with products
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate government authority if PMC believes a patient has been the victim of abuse, neglect, or domestic violence

Regarding Communicable Disease: PMC may disclose medical information about you, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

For Health Oversight: PMC may disclose medical information about you to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies may include State and Federal government agencies that oversee the health care systems, government benefit programs, other government regulatory programs and civil rights laws.

For Product Tracking: PMC may disclose medical information about you to a person or company required by the Food and Drug Administration (FDA) to do the following:

- Report adverse events, product defects or problems and biologic product deviations
- Track Products
- Enable product recalls
- Make repairs or replacements
- Conduct required post-marketing surveillance

In Legal Proceedings: PMC may disclose medical information about you during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and, in certain conditions, in response to a subpoena, discovery request, or other lawful process.

For Law Enforcement: PMC may disclose medical information about you for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Crimes occurring at PMC
- Medical emergencies believed to result from criminal conduct

To Coroner: PMC may disclose medical information about you to coroners or medical examiners for identification, to determine the cause of death or for the performance of other duties authorized by law.

For Research: PMC may use medical information about you or disclose medical information about you to researchers when authorized by law. For example, PMC may disclose information about you to a researcher pursuant to an institutional review board (IRB) or privacy board approved protocol or retrospective review request that has been determined to pose minimal risk to your privacy.

For Health, Safety and National Security: PMC may disclose medical information about you, in accordance with State or Federal law, if it believes that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. PMC may disclose medical information about you to authorized federal official for conducting national security and intelligence activities.

Regarding Workers’ Compensation: PMC may disclose medical information about you to comply with workers’ compensation laws and other similar legally-established programs.

Regarding Inmates: If you are an inmate of a correctional facility, PMC may use or disclose medical information about you to such facility.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You may exercise the following rights by submitting a written request to "PMC". Please be aware however, that PMC might deny your request, when legally permitted to do so.

Right to Inspect and Copy: For as long as PMC maintains medical information about you, you may inspect and obtain (for a reasonable, cost-based fee) a copy of medical information about you contained in certain medical and billing records maintained by PMC. This right does not include inspection and copying of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and medical information about you that is subject to a law that prohibits access to medical information about you.

Right to Request Restrictions: You may ask PMC not to use or disclose medical information about you for treatment, payment, or health care operations (as described in the Notice). Your request must be submitted in writing to PMC. In your request, you must specifically state (i) what information you want restricted, (ii) whether you want to restrict PMC's use, disclosure, or both, (iii) to whom you want the restriction to apply, for example, disclosures to your spouse, and (iv) an expiration date. If PMC believes that the restriction is not in the best interest of either party, or PMC cannot reasonably accommodate your request, PMC is not required to agree. If the restriction is agreed to by PMC, PMC will not use or disclose medical information about you in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communication: You may request that PMC communicate with you using alternative means (e.g., e-mail) or at an alternative location (e.g., post office box). PMC will not ask you the reason for your request, and will accommodate reasonable requests, when possible.

Right to Request Amendment: If you believe that the information PMC maintains about you is incorrect or incomplete, you may request an amendment to such information. While PMC will accept requests for amendment, PMC is not legally required to agree to an amendment.

Right to an Accounting of Certain Disclosures: You may request that PMC provide you with an accounting of certain disclosures it has made of medical information about you. This right applies to disclosures made for purposes other than treatment, payment or health care operations (as described in this Notice). This right excludes disclosures made to you, to family members or friends involved in your care or for notification required by law (including disclosures for law enforcement, national security or intelligence purposes). The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

Right to Obtain a Copy of this Notice: You may obtain a paper copy of this Notice (or the version currently in effect) from PMC.

PRIVACY LAWS

This Notice is provided to you as a requirement of the rules created under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). There are several other State and Federal privacy laws that also apply to medical information about you including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act. To the extent not preempted by HIPAA, PMC has taken such laws into consideration in developing its privacy policies and the Notice.

COMPLAINTS

If you believe PMC has failed to comply with the Notice or the PMC has violated these privacy rights, you may file a written complaint with PMC or the Department of Health and Human Services. PMC will not retaliate against you for filing a complaint.

CONTACT INFORMATION

You may contact PMC for further information about the complaint process or for further explanation of this document. PMC (or his designee) may be contacted at:

PMC Health Privacy Officer

9826 San Jose Blvd

Jacksonville, FL 32257

Telephone: 904.262.9444

Facsimile: 904.262.3750