

Patient Privacy Notice

NOTICE OF HEALTH INFORMATION 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.

Dr. Kosarek is committed to the protection of patients' privacy and confidentiality of medical information. Dr. Kosarek recognizes that patients depend upon her and her staff to safeguard their personal information and to uphold the privacy rights of patients. This notice, which is based upon state and federal law, and Dr. Kosarek code of ethics, confirms our commitment to preserving patient confidentiality and privacy and also confirms that Dr. Kosarek and her staff will not use or disclose patient personal or health information except as described in this Notice. This Notice applies to all of the personal information gathered by and medical records generated by Dr. Kosarek, as well as records received from other providers.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:

Without your authorization, Dr. Kosarek may use and disclose your personal and/or health information for the following purposes:

TREATMENT: Dr. Kosarek may use your personal and/or health information in the provision and coordination of your healthcare. Dr. Kosarek may disclose all or any portion of your personal and/or medical information to your attending physician, consulting physician(s), nurses, technicians, medical students, and other health care providers who have a legitimate need for such information in your care and treatment. Different departments may share information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. Other ways we may use or disclose your information for purposes related to treatment are:

Treatment Alternatives: To tell you about or recommend possible treatment options or alternatives that may be of interest to you. Appointment Reminders: To contact you as a reminder that you have an appointment for treatment or medical care at Dr. Kosarek's office.

PAYMENT: Dr. Kosarek may release personal and/or health information about you for the purposes of determining insurance coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record which are necessary for payment of your account. For example, a bill may include information that identifies you, your diagnosis, and the procedures and supplies used. Dr. Kosarek may also provide information to other care providers who have been involved in your care, such as a home health care agency or an ambulance company.

HEALTHCARE OPERATIONS:

Dr.Kosarek may use and disclose your personal and/or health information during healthcare operations including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing activities of Dr.Kosarek, medical research, and educational purposes. Dr.Kosarek may engage outside companies to carry out certain aspects of healthcare operations. These entities are called "Business Associates". Dr.Kosarek may need to disclose your information to Business Associates to allow them to perform their duties. The Business Associates will, in turn, use and disclose your information as they conduct business on behalf of Dr.Kosarek. Examples of Business Associates include, but are not limited to, a copy service used by Dr.Kosarek to copy medical records, consultants, accountants, lawyers, medical transcriptionists and billing companies. Dr.Kosarek requires their Business Associates to protect the confidentiality of your personal and health information.

OTHER USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED WITHOUT AUTHORIZATION:

Special situations and certain state and federal laws may require Dr.Kosarek to use or release your information. For example, Dr.Kosarek may be obligated to release your information for the following reasons:

RESEARCH: Under certain circumstances, Dr.Kosarek may use and disclose your health information for approved clinical research. For example, a research project may involve comparing the health and recovery of patients who received one medication for their medical condition to those who received a different medication for that same condition.

REGULATORY AGENCIES: Dr.Kosarek may disclose your personal and/or health information to government and certain private health oversight agencies, such as the Department of Public Health and Environment, the Federal Department of Health and Human Services, or the Board of Medical Examiners, for activities authorized by law including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary to monitor compliance with the requirements of government programs.

LAW ENFORCEMENT/LITIGATION: Dr.Kosarek may disclose your personal and/or health information for law enforcement purposes as required by law or in response to a court order.

PUBLIC HEALTH: As required by law, Dr.Kosarek may disclose your personal and/or health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, Dr.Kosarek is required to report the existence of several communicable diseases including, but not limited to, acquired immune deficiency syndrome ("AIDS"), to the Department of Public Health and Environment to protect the health and well-being of the general public.

WORKERS' COMPENSATION: Dr.Kosarek may release personal and/or health information about you to workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

MILITARY/VETERANS: Dr.Kosarek may disclose your personal and/or health information as required by military command authorities, if you are a member of the armed forces.

AS OTHERWISE REQUIRED BY LAW: Dr.Kosarek will disclose your personal and/or health information in any situation where such disclosures are required by law (such as child abuse, domestic abuse).

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION: Without your authorization, Dr.Kosarek may not disclose your personal or health information to persons outside of Dr.Kosarek for purposes other than treatment, payment, healthcare operations or special circumstances as listed above. In addition, Dr.Kosarek may not use or disclose specially sensitive information, such as AIDS/HIV, alcohol and drug abuse prevention and/or treatment, or mental health information without your specific authorization unless legally required to do so.

FAMILY/FRIENDS: With your authorization, Dr.Kosarek may disclose your personal and/or health information to a friend or family member who is involved in your medical care. Dr.Kosarek may also provide information to someone who helps pay for your care. Dr.Kosarek may also tell your family or friends of your condition and that you are in the hospital. In addition, Dr.Kosarek may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Dr.Kosarek also may disclose your information to other people outside Dr.Kosarek who may be involved in your medical care after you leave Dr.Kosarek, such as clergy and others used to provide services that are part of your care.

YOUR RIGHTS RELATED TO YOUR PERSONAL AND HEALTH INFORMATION: Although all records concerning your treatment obtained at Dr.Kosarek are the property of Dr.Kosarek, you have the following rights concerning your personal and health information:

CONFIDENTIAL COMMUNICATIONS: You have the right to request confidential communications of your information by alternative means or at alternative locations. For example, you may request that Dr.Kosarek only contact you at work or by mail.

REQUEST TO REVIEW AND COPY: You have the right to request a review and/or a copy your health information, except as restricted by your physician or by law. This right does not

obligate Dr.Kosarek to grant you access to certain types of information.

AMEND: You have the right to request an amendment or correction to your health information. If Dr.Kosarek agrees that an amendment or correction is appropriate, we will ensure that the amendment or correction is attached to your medical record.

AN ACCOUNTING: You have the right to obtain a statement of the disclosures that have been made of your personal and health information other than by your authorization, other than disclosures made to you, and other than for the purpose of treatment, payment or operational purposes.

REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your information. If Dr.Kosarek is able to agree to your request, we will abide by the restrictions.

RECEIVE A COPY OF THIS NOTICE: If this Notice has been provided to you electronically, upon request you have the right to receive a paper copy of this Notice.

REVOKE AUTHORIZATION: You have the right to revoke your authorization to use or disclose your information, except to the extent that action has already been taken in reliance on your authorization.

FOR MORE INFORMATION REGARDING HOW TO EXERCISE THESE RIGHTS: If you have questions or would like more information regarding any of the rights listed above, written correspondence should be mailed to the attention of the Dr.Kosarek HIPAA Compliance Officer at any of the Dr.Kosarek facilities. Information concerning your rights under this Notice may also be obtained by calling your Physicians office and speaking with one of our Patient Services Coordinators.

IF YOU BELIEVE THAT YOUR RIGHTS HAVE BEEN VIOLATED: You may file a complaint with Dr.Kosarek or with the Secretary of the Department of Health and Human Services. To gain information on to how file a complaint with Dr.Kosarek, contact the Patient Services Coordinator at [915-225-0144](tel:915-225-0144). All complaints must be submitted in writing to the attention of the Dr.Kosarek HIPAA Compliance Officer, addressed to 7300 Remcon Circle Ste.100 El Paso TX 79912. You may be assured there will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE: Dr.Kosarek will abide by the terms of the Notice currently in effect. Dr.Kosarek reserves the right to change the terms of this Notice at any time. Any new notice provisions will be effective for all protected health information that it maintains. Any new

revision to this Notice will be posted at Dr.Kosarek's office.

NOTICE EFFECTIVE DATE: The effective date of the notice is Jan. 1, 2011.