

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.

America's Best Care Plus, Inc. (ABC Plus), an affiliate of Community Health Systems, Inc., is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and in compliance with federal regulations.

By "your health information" we mean your protected health information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services and other information related to your health care that we maintain about you.

We are required by law to maintain the privacy of your health information. We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty, and we must abide by the terms of the Notice currently in effect.

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current Notice from America's Best Care Plus, Inc.

Summary

The Notice covers:

- Uses or disclosures which do not require your written authorization.
- Uses or disclosures of your information to which you may object.
- Uses or disclosures permitted or required.
- Uses or disclosures which required your written authorization.
- Your rights as a patient to privacy of your health information.
- Complaints, contact person, effective date, and acknowledgement.

Uses or Disclosures Which Do Not Require Your Written Authorization

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

For Treatment: We may use your medical information and may disclose your medical information to the physicians and other health care personnel who provide, coordinate or manage your health care and any related services for your treatment. We may also disclose your medical information to another health care provider who is not located at one of our facilities, at his request, for your treatment by the other provider.

For Payment: We may use and disclose your medical information in order to bill and collect payment for the treatment and services provided to you. For instance, we may provide portions of your medical information to your health insurance plan to get paid for the health care services we provided to you. We may also disclose your medical information to your health insurance plan to permit it to make a determination of eligibility or coverage for insurance benefits, to review the services we provided to you for medical necessity, and to perform utilization review activities. We may also disclose medical information about you to the responsible party of your account. If you are listed as a dependent on another person's insurance policy, financial information regarding medical

care provided may be mailed to that responsible party. In addition, if you do not timely pay us for the health care services we provided to you, we may also disclose limited medical information to a collection agency. We may also disclose your medical information to other health care providers, health plans or health care clearinghouses for their payment activities.

For Health Care Operations: We may use and disclose your medical information in order to support our business activities, such as quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for our other business activities. For example, we may use your medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose your medical information to medical school students who see patients at our facilities. In addition, we may use and disclose your medical information to other health care providers, health plans or health care clearinghouses for their limited health care operations, such as quality assessment activities, licensing and other health care compliance activities.

Business Associates: We may disclose your medical information to our business associates that assist us in our delivery of health care and related services, such as billing companies, lawyers, accountants and others.

Uses or Disclosures of Your Health Information to Which You May Object

Facilities/Patient Directories: We may include your name, location in our facility, general condition, and religious affiliation in our patient directory at your location for use by clergy and visitors who ask for you by name unless you object in whole or in part. In an emergency situation and if you are incapacitated, you will be given the opportunity to agree or object when it becomes practicable.

Individuals Involved in Your Care: We may disclose your medical information to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. In an emergency situation and if you are incapacitated, you will be given the opportunity to agree or object when it becomes practicable.

Uses or Disclosures Required or Permitted

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization

Uses and Disclosures Required by Law: We may use or disclose your medical information as required by law, but must limit such use or disclosure to relevant information and otherwise comply with applicable legal requirements. We must also disclose your medical information to the Secretary of Health and Human Services to determine our compliance with federal privacy laws.

Public Health Activities: We may use or disclose your medical information to public health authorities authorized to receive or collect information for public health purposes, such as for preventing or controlling disease and certain regulatory activities of the Food and Drug Administration.

Abuse, Neglect, or Domestic Violence: We may use or disclose your medical information in some instances if we reasonably believe that you are a victim of abuse, neglect, or domestic violence.

Health Oversight Activities: We may use or disclose your medical information to a health oversight agency for health oversight activities authorized by law, including, for example, inspections and licensure of health care facilities.

Judicial and Administrative Proceedings: We may use or disclose your medical information under certain conditions to comply with legal proceedings, such as a subpoena or order by a court or administrative tribunal.

Law Enforcement Purposes: We may use or disclose your medical information for law enforcement purposes to law enforcement officials, such as for identification of suspects or where a crime has been committed on our premises.

Decedents: We may use or disclose medical information about decedents to coroners, medical examiners, funeral directors, and other individuals involved in your care.

Organ, Eye, Tissue Donation: We may use or disclose your medical information to notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.

Research: In limited circumstances, we may use and disclose your medical information to conduct medical research.

Serious Safety Threat: We may use or disclose your medical information where we believe it is necessary to prevent or lessen a serious threat to the safety of a person or the public.

Special Government Functions: We may use or disclose your health information under some circumstances for specialized government functions, including those related to the armed forces, national security, and intelligence.

Workers' Compensation: We may use or disclose your medical information as authorized by and to the extent necessary to comply with laws related to workers' compensation and similar programs.

Fundraising: We may use and disclose your medical information and the dates that you received treatment, as necessary, to contact you for fundraising activities supported by us. You have the right to opt-out of receiving such communications.

To Your Personal Representatives: We may disclose your medical information to your personal representatives that are appointed by you or authorized by applicable law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. We may release such information for purposes that include (1) providing you with health care; (2) protecting your health and safety or the health and safety of others; or (3) protecting the safety and security of the correctional institution.

Your Authorization Is Needed for Other Uses and Disclosures

We will not use or disclose your medical information for any other purpose unless you give us written authorization to do so. If you give us written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information that we maintain, unless we have taken action in reliance on your authorization. **Below are some of the circumstances when we may use and disclose your medical information only with your authorization:**

Psychotherapy Notes: With limited exceptions, your authorization is required for use or disclosure of psychotherapy notes, which are notes recorded by a mental health professional documenting the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.

Marketing: With limited exceptions, your authorization is required for use or disclosure of your medical information for marketing purposes.

Sale of Your Medical Information: Your authorization is required if we want to sell your medical information.

Your Rights as a Patient to Privacy of Your Health Information

The Right to Request Additional Restrictions on Uses and Disclosures of Your Medical Information. You have the right to ask that we put additional restrictions on how we use and disclose your medical information, including, in limited circumstances, the disclosure of certain medical information to your health plan when you pay out of pocket in full for a treatment you receive. We do not have to agree to your request, unless such request relates to a permissible restriction on disclosure of medical information to your health plan.

The Right to Inspect and Copy Your Medical Information. You have the right to inspect and copy your medical information, in either paper format or electronic form. In limited circumstances, we do not have to agree to your request.

The Right to Amend or Correct. If you believe that your medical information is incorrect or incomplete, you have the right to ask us to correct or amend the information. We will require that you submit the request in writing and explain your reasons for asking for an amendment. In some cases, we do not have to agree to your request.

The Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters by a different means or at a different location than what we are currently doing. In limited circumstances, we do not have to agree to your request.

Paper Copy of this Notice. You have the right to request and receive a paper copy of this Notice if you received it by email or on the Internet.

The Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures that we and our business associates made for certain purposes for the last six (6) years.

The Right to Receive a Notification in the Event of Breach. You have the right to receive notification from us in the event there is a breach related to your medical information.

Complaints, Contact Person, Effective Date, and Acknowledgement

You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. You may file your complaint with our agency by writing to **Compliance Officer, America's Best Care Plus, Inc. at 1825 Everett Dr. W., Fort Payne, AL. 35968.**

OR

**In writing to: The Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW.
Washington, D.C. 20201**

OR

**In writing to: Office for Civil Rights, DHHS
61 Forsyth Street, SW
Suite 3B70
Atlanta, Ga. 30303-8909
(404) 562-7886
(Region IV—Al, Fl, Ga, Ky, Ms, NC, SC, Tn)**

OR

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>