



NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

UroMed is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information

The terms of this notice apply to all records containing your identifiable health information that are created or retained by UroMed. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our company has created or maintained in the past, and for any of your records we may create or maintain in the future. UroMed will post a copy of our current notice in our corporate offices in a prominent location, and you may request a copy of the most current notice from our office or you can access it on our website at www.umed.com.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Camille Cassell, Director of Compliance
800-841-1233
770-232-5900

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS.

1. **Treatment** means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, your primary care physician assigned by your health insurance carrier, who coordinates all of your general health care, may need to know your history of urinary tract infections which is maintained by your urologist. Therefore, your PCP may review your medical records to assess whether you have potentially complication conditions and to appropriately order treatment and medical supplies.
2. **Payment.** UroMed may use and disclose your identifiable health information in order to bill and collect payment for the items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your medical supplies. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs. Also, we may use your identifiable health information to bill you directly for items.
3. **Health Care Operations** means the support functions of our business related to treatment and payment, such as quality assurance activities, case management, receiving and responding to complaints, compliance programs, audits, and other administrative activities. For example, we may use your medical information to evaluate the performance of our staff in providing service to you and other business planning activities.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

1. **Disclosures Required by Law.** UroMed will use and disclose your identifiable health information when we are required to do so by federal, state or local law.
2. **Health Oversight Activities.** UroMed may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and Similar Proceedings.** UroMed may use and disclose your identifiable health information in response to a court or administrative orders, if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Workers' Compensation.** UroMed may release your identifiable health information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information that we maintain about you:

1. **Confidential Communications.** You have the right to request that UroMed communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a confidential communication, please specify the requested method of contact, or the location where you wish to be contacted. UroMed will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to our request;** however, if we do agree, we are bound by our agreement except when otherwise required by law. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to the Privacy Compliance Officer at UroMed, 7340 McGinnis Ferry Road Suwanee, GA 30024. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our company's use, disclosure or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to the Privacy Compliance Officer at UroMed, 7340 McGinnis Ferry Road Suwanee, GA 30024, in order to inspect and/or obtain a copy of your identifiable health information. UroMed may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. UroMed may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to the Privacy Compliance Officer at UroMed, 7340 McGinnis Ferry Road Suwanee, GA 30024. You must provide us with a reason that supports your request for amendment. UroMed will deny your request if you fail to submit your request (and the reason supporting the request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for UroMed; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by UroMed, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our clients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain disclosures UroMed has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Compliance Officer at UroMed, 7340 McGinnis Ferry Road Suwanee, GA 30024. All requests for an "accounting of disclosures" must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month is free of charge, but UroMed may charge you for additional lists within the same 12 month period. UroMed will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Compliance Officer at UroMed, 7340 McGinnis Ferry Road Suwanee, GA 30024.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with UroMed or with the Secretary of the Department of Health and Human Services. To file a complaint with UroMed, contact the Privacy Compliance Officer at UroMed, 7340 McGinnis Ferry Road Suwanee, GA 30024. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
8. **Right to Provide an Authorization for Other Uses and Disclosures.** UroMed will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note, we are required to retain records of our services.