

NOTICE OF 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.

StatClinix, PLC is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

Treatment: Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. Information provided for payment includes medical information such as diagnosis, date of injury or condition, and codes which describe the health care services received.

Health Care Operations: Your health information may be used as necessary to support the day to day activities and management of StatClinix, PLC. For example, Information on services provided may be used for quality assurance, budgetary and financial purposes.

Reminders/Notifications: Our staff will use your health information to send you follow up care, referral or appointment reminders. We may call your home to remind you of an appointment follow up on your condition or inquire about the care you received during your visit. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment. We may also send you information about changes at StatClinix such as new locations, changes in business hours or the services we provide.

Treatment Information: Your health information may be used to send you information regarding the treatment and management of your medical conditions. We may also send you information describing other health related products and services that we believe may interest you.

Workers' Compensation: We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies: We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Law Enforcement: We may disclose your health information to a law enforcement agencies or official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, to support government audits and inspections, and other law enforcement purposes.

Deceased Persons: We may disclose your health information to coroners or medical examiners.

Organ Donation.: We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research: .We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies: We may disclose your health information for military, national security, prisoner and government benefits purposes.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Others Involved in Your Health 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. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care.

Change of Ownership.

In the event that StatClinix, PLC is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

Right to Restriction: You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that StatClinix, PLC is not required to agree to the restriction that you requested.

Right to Request Confidential Communication: You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

Right to Inspect and Copy: You generally have the right to inspect and copy your health information. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. Your request will be reviewed and generally be approved unless there are legal or medical reasons to deny the request.

Right to Amend your Records: You have a right to request that StatClinix, PLC amend your protected health information. Please be advised, however, that StatClinix, PLC is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s)and information about how you can disagree with the denial.

Right to an Accounting of Disclosures: :You have a right to receive an accounting of disclosures of your protected health information made by StatClinix, PLC.

Right to a Paper Copy of this Notice: You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

StatClinix, PLC reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, StatClinix, PLC is required by law to comply with this Notice.

Complaints

If you would like to submit a comment or complaint about your Privacy rights, or how StatClinix, PLC has handled your health information, you may contact our Privacy Officer at the following address:

**StatClinix, PLC
Privacy Officer
9832 E Bahia Dr. B-202
Scottsdale, AZ 85260
(480) 374-7303**

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to the Department of Health and Human Services, office of Civil Rights.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from StatClinix.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.