

ROBERT C. BYRD CLINIC

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: MAY 17, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

1. Who Must Follow This Notice?

This Notice of Privacy Practices (“Notice”) must be followed by all doctors, nurses, administrators, employees and other workforce members, and business associates, of the Robert C. Byrd Clinic (“RCBC”). This Notice applies to every patient’s personal medical information, or “protected health information”, with respect to services provided at RCBC.

“Protected health information” or “PHI” are terms used to describe your personal medical information, and include any information, oral, written or recorded in electronic form, that is created or received by us as a health care provider, as well as the information created or received by your doctor and health insurance plan, that identifies you and relates to your past, present or future physical or mental health or condition, treatment, or payment for your health care.

From this point on, we will refer to your protected health information as “PHI.”

When we say “you” or “your” in this Notice, we refer to the patient who is the subject of the PHI. When we say “we” or “our” or “us” this refers to RCBC..

2. What is the Purpose of this Notice?

This Notice tells you about the uses and disclosures that we make with your PHI, and certain rights that you have, and obligations we are bound to, with respect to such information. Our physicians, nurses, medical staff, caregivers and other employees, care about the privacy and confidentiality of your PHI. To this end, we has developed policies, created procedures, and taken other steps to help keep your PHI confidential. This Notice gives a summary of those steps, explains your privacy rights, and gives you phone numbers and addresses you can use to ask questions or to make requests.

We are required by law to:

- Make sure that PHI that identifies you is kept private and to maintain safeguards protecting the security of such information.
- Give you this Notice of our legal duties and privacy practices with respect to your PHI.
- Notify you, along with all other affected individuals, of a breach of unsecured PHI.
- Follow the terms of this Notice as long as it is in effect. If we revise this Notice, we will follow the terms of the revised Notice as long as it is in effect.

Members of our workforce, including physicians, nurses, medical staff, volunteers, trainees, students and contractors, follow the privacy practices that are described in this Notice. These

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privacy practices are maintained in locations or sites where treatment, payment and health care operation activities may occur.

This Notice applies to the entire PHI created, maintained, used or disclosed in records related to your care and services that you receive at RCBC, whether created or received by us. This Notice applies to both paper, and electronic, uses and disclosures of PHI.

This Notice will tell you about the ways which we may use and disclose your PHI. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI. We maintain your PHI in records that are kept confidential, as required by law. However, we must use and disclose your PHI to the extent necessary to provide you with quality health care. To do this, we must share your PHI as necessary for treatment, payment and health care operations.

3. We May Use and Disclose Your PHI for Treatment and Payment:

We may use or disclose your PHI to provide you with medical treatment or services. Treatment includes sharing PHI among health care providers involved in your care. For example, your health care provider may share PHI about your condition with the pharmacist to discuss appropriate medications, or with radiologists or other consultants in order to make a diagnosis. Different departments within in our facilities may also share your PHI in order to coordinate such things as prescriptions, dietary needs, physical therapy, lab work, and x-rays. We also communicate with people outside the facility who may be involved in your medical care after you leave the facility, such as family members or other health care professionals we use to provide services that are a part of your care.

In addition, we may use your PHI as required by your health plan, insurer or other third party payer, to obtain payment for your treatment. We also may tell your health plan, insurer or other payer about a treatment in order to obtain prior approval or to determine whether your health plan, insurer or other payer will cover the treatment.

Appointment Reminders.

We may contact you to provide medical appointment reminders.

Treatment Alternatives.

We may contact you with information about treatment alternatives or other health-related benefits or services that may be of interest to you.

Family and Close Personal Friends Involved with Your Care.

If you do not object, we may disclose your PHI to family members, other relatives, close personal friends or others identified by you, when the PHI is directly relevant to that person's

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participation with your care or payment related to your care. If you are not present, or you are unable to agree or object due to your incapacity or due to an emergency situation, we may use our professional judgment in deciding to disclose your PHI to such person(s) for their participation in your care.

Notifications to Family and Representatives Involved in Your Care.

If you do not object, we may use or disclose your PHI to notify a family member, a personal representative or another person responsible for your care, of your location, general condition or death. If you are not present, or you are unable to agree or object due to your incapacity or due to an emergency situation, we may use our professional judgment in deciding to disclose your PHI to notify such person(s).

4. We May Use and Disclose your PHI for Health Care Operations:

We may use or disclose your PHI for health care operations. These include:

Quality Improvement and Review of Resources and Staff.

We may use and/or disclose your PHI to improve the quality of care delivered by us (e.g., for quality assessment and review, reviewing the qualifications and competence of our medical staff, and for selecting, educating and training of our employees and staff).

Case Management and Care Coordination.

We may use or disclose your PHI for case management and care coordination, in the effort to improve the effectiveness and efficiency of care delivered by us.

Risk Management, Legal Services, Compliance and Audit Functions.

We may use or disclosure your PHI to assist us with risk management and legal reviews, compliance with laws and regulations, including accreditation and licensing, and audit functions.

Customer Service and Data Analysis.

We may use or disclose your PHI to review and help improve our patient satisfaction and customer service levels, and for internal data analyses.

Business Planning, Management and Administration.

We may also disclose your PHI when necessary for the proper planning, internal management, operation and administration of our business, including disclosure to certain advisors, consultants and other professionals when necessary, subject to appropriate confidentiality and business associate requirements.

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De-Identification and Limited Data Sets.

We may use and disclose your PHI to create de-identified health information or limited data sets (these data do not specifically identify you), in accordance with applicable legal requirements.

Fundraising.

We may use and/or disclose limited portions of your PHI for our fundraising activities. This information includes your name, address and other contact information, age, gender, date of birth, the dates you received services at RCBC, the department of service information, treating physician, outcome information, and health insurance status. With each fundraising communication we make to you, you will be given the opportunity to elect not to receive any further fundraising communications. We will not condition your treatment or payment on whether you have agreed to receive fundraising communications.

5. We May Disclose Your PHI to Employees, Agents and Business Associates:

We may disclose your PHI to our employees (our “workforce members”), and agents and other persons or companies with whom we contract to provide services on our behalf (these persons or companies are called “business associates”). To protect your PHI, we provide training to our employees on privacy and security, and require our business associates to appropriately safeguard the PHI of our patients.

6. We May Use or Disclose Your PHI When Required or Permitted by Law:

Public Health/Health Oversight Activities.

We may use and/or disclose your PHI for public health activities, including for the reporting of disease, injury, vital events, and for the conducting of public health surveillance, investigation and/or intervention. We may disclose your PHI to a health oversight agency for oversight activities authorized by law, including for audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings or actions.

Disaster Relief.

We may use or disclose your PHI to a public or private entity authorized by law, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Disclosure to Department of Health and Human Services.

We may disclose PHI when required by the United States Department of Health and Human Services as part of an investigation or a determination of our compliance with relevant laws.

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Abuse or Neglect.

In accordance with federal and state law, we may disclose your PHI when it concerns abuse, neglect, or domestic violence to you, such as reporting to social welfare, law enforcement or protective service agencies. Except in certain limited situations, we must promptly inform you that a report of abuse or neglect or domestic violence has been or will be made.

Judicial or Administrative Proceedings.

We may use or disclose your PHI in the course of lawful judicial or administrative proceedings, in accordance with a court order, warrant, subpoena, discovery request or other legal process that complies with privacy and confidentiality requirements.

Law Enforcement.

We may disclose your PHI to law enforcement personnel for law enforcement purposes. Examples include: Disclosing limited information to identify or locate a suspect, fugitive, material witness or missing person; reporting crimes in emergencies, reporting deaths or certain violent injuries, and other mandatory reporting requirements.

Specialized Government Functions.

We may disclose your PHI for specialized governmental functions, such as military and veteran's activities, national security, intelligence activities, and for the provision of protective services to the President of the United States and other officials. We may also disclose your PHI for correctional institution and other law enforcement custodial purposes.

Coroners, Medical Examiners, and Funeral Directors.

We may disclose your PHI to a coroner, medical examiner, or a funeral director, as necessary for them to fulfill their duties.

Organ, Eye and Tissue Donation.

If you are an organ donor, we may disclose your PHI to an organ donation and procurement organization.

Medical Research.

If we perform medical research, our clinical researchers may use and/or disclose your PHI for research purposes as part of your current care, or to prepare to perform research. They may share your PHI with other authorized researchers. All research projects at our facilities are subject to a special review and approval process conducted by an Institutional Review Board (IRB). An IRB is a committee responsible for protecting individual research subjects and

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ensuring that research is conducted ethically. We will not use or disclose your PHI outside of RCBC for medical research purposes without either getting your prior written permission (see Section 7, below) or otherwise determining that your privacy is protected as authorized by law.

Public Safety.

We may use or disclose your PHI when we determine to be necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers' Compensation.

We may release your PHI for workers' compensation or similar programs established by law to provide benefits for work-related injuries or illnesses.

Other Disclosures Required by Law.

In addition to the examples provided above, we may be required to disclose your PHI if a specific state or federal law requires us to provide such information.

7. Uses or Disclosures Requiring Your Permission (Authorization):

The use or disclosure of your PHI for other purposes or activities, not listed above, will be made only with your written permission, called an "Authorization." Examples of uses and disclosures that require your permission include the following:

Use or Disclosure of Psychotherapy Notes.

We may not use or disclose your PHI contained in "Psychotherapy Notes" without your written permission. However, your permission is not required for use or disclosure of your Psychotherapy Notes by the health care provider who created the Psychotherapy Notes, or when use or disclosure of Psychotherapy Notes is for supervised training of our students, trainees and practitioners in group, joint, family or individual counseling.

Use or Disclosure of Your PHI for Marketing.

We may not make communications to you encouraging you to purchase or use a product ("marketing") unless we first obtain from you a written Authorization to use your PHI for such communications. However, this requirement does not apply to the following communications that we are permitted to make using your PHI :

- Face to face communications between you and us.
- Promotional gifts of nominal value.

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- Refill reminders or to otherwise tell you about a drug or biologic (a type of drug, vaccine or other substance made from living organisms or their products and used for diagnostic, preventative or treatment purposes), so long as any payment we receive for making the communication is solely to cover our cost of the communication.
- Communications to you related to your treatment or our health care operations, as described elsewhere in this Notice, provided that we do not receive compensation from someone (directly or indirectly) for making the communication (other than payment for providing treatment). Examples of these communications include: case management, care coordination, describing covered health-related products or services included in a plan of health benefits offered by us, the entities participating in our provider network, or treatment alternatives we may recommend or identify as available.

If we request your written permission for marketing communications, we will tell you if we are receiving compensation for such marketing communications.

Sale of Your PHI.

We may not sell your PHI to anyone without your written permission. The following disclosures are not considered a sale of your PHI requiring your permission:

- For public health purposes as permitted or required under applicable law.
- For research purposes, so long as the only compensation we receive is a reasonable cost-based fee to prepare and transmit your PHI for the study.
- For treatment and payment purposes.
- For the sale, transfer, merger, or consolidation of all or part of our business and for related due diligence as part of our “health care operations.”
- To or by our business associate or a subcontractor of such business associate, where the only compensation provided is for the services provided by such business associate or contractor.
- To you, or as required by law, or for any other purpose permitted by and in accordance with HIPAA and other applicable privacy laws, provided that any compensation we receive is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for such purpose, or any other fee expressly permitted by other law.

Revocation of Your Permission

If you give us permission to use or disclose PHI about you, you may revoke (cancel) that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission. If your PHI is disclosed to a third party with your permission, the PHI is no longer subject to this Notice, and the recipient may re-disclose your PHI. We will not condition your treatment, care or payment based on whether you give us permission to use or disclose your PHI.

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8. You Have Rights Regarding Your PHI:

You have the following rights regarding your PHI, provided that you make a written request to invoke the right on the form(s) provided by us.

Your Right to Request Restriction(s).

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a restriction or limit on the PHI we disclose about you to someone who is participating in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a particular surgery that you have had. You may not request restriction of a disclosure that is required by law.

We will attempt to accommodate all reasonable restriction requests, but we are not obligated to agree to a restriction (except as noted in this paragraph) and subject to state law, in certain circumstances we may not be able to comply. We are required to honor your request for restriction if the disclosure is to a health plan for purposes of carrying out payment or health care operations and the PHI pertains solely to treatment or services for which you paid the provider in full.

To request a restriction, you must make your request in writing to Jacque Jones, Privacy Officer at 1464 Jefferson Street North, Lewisburg, WV 24901. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use or disclosure of the information (or both); and (3) against whom you want the limits to apply (e.g., disclosures to your spouse).

Your Right to Request Alternate Communication Methods or Locations.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by telephone at work or that we only contact you by mail at home or an alternative address. To request such alternative methods or locations, you must make your request in writing to Jacque Jones, Privacy Officer at 1464 Jefferson Street North, Lewisburg, WV 24901. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests, but we may condition our approval, when appropriate, upon receiving information as to how payment, if any, for your care will be handled. Your request must also specify how or where you wish to be contacted.

Your Right to Inspect and Copy PHI.

You have the right to inspect and copy PHI that may be used to make decisions about your care, and is maintained in a designated record set. Usually, this includes medical and billing records and excludes psychotherapy notes. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Robert C. Byrd Clinic Record Custodian,

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Robert C. Byrd Clinic, 1464 Jefferson Street North, Lewisburg, WV 24901. You may request a summary of the PHI, instead of a copy, by specifying the information needed. You may request a paper or electronic copy of a designated record set maintained by us in electronic form. If we cannot readily produce an electronic copy in the form or format you requested, and if you agree, we will provide you the PHI in a “readable” electronic form and format. We may charge a fee for the costs of providing copies of your PHI, which may include: labor for copying and/or summarizing the records, supplies for creating the paper or electronic copy, including any portable storage media, postage and delivery costs. You may request, in writing, that a copy of your PHI be sent to a person you designate to receive it.

We will make available your PHI within 30 days after your written request and payment of any applicable fees have been received.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed in most cases. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

West Virginia has laws regarding the mandatory or voluntary reporting of health information for various purposes, such as maintaining records of births and deaths or engaging in activities relating to the improvement of health care or the reduction of health care costs. West Virginia may have privacy laws or other laws respecting the confidentiality of medical information that have requirements different from, and in some cases more stringent than those described in this Notice. To the extent that an applicable state privacy law imposes requirements that are more restrictive than federal privacy law, state law will preempt the federal law.

Your Right to Request Amendment.

If you feel that your PHI maintained in a designated record set, such as medical or billing records, is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by RCBC. To request an amendment, your request must be made in writing and submitted to Robert C. Byrd Clinic Record Custodian, Robert C. Byrd Clinic, 1464 Jefferson Street North, Lewisburg, WV 24901. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless you provide us with information showing that the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical, billing or other designated record sets kept by or for RCBC; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is accurate and complete. We will act upon your request for amendment within 60 days of our receipt of your written request, unless we provide you with a written notice explaining a delay of up to 30 additional days. If we approve of your

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request for amendment, we will identify the affected records and append the amendment or otherwise provide a link to the location of the amendment.

Your Right to an Accounting of Disclosures.

You have the right to receive an accounting of certain disclosures made by us regarding your PHI, including disclosures made by our business associates. The accounting (or list) of disclosures will include: (1) the date of the disclosure; (2) the name of the entity or person who received the PHI and, if known, the address; (3) a brief description of the PHI disclosed; and (4) a brief statement of the purpose of the disclosure. However, this list will not include, for example, disclosures made to carry out treatment, payment, or health care operations, nor will it include disclosures made pursuant to a valid authorization.

To request this list, you must submit your request in writing to Robert C. Byrd Clinic Record Custodian, Robert C. Byrd Clinic, 1464 Jefferson Street North, Lewisburg, WV 24901. Your request should state a time period that may not be longer than six (6) years prior to your request and may not include dates before April 14, 2003. The first list you request within a twelve (12) month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time and before any costs are incurred. We will act upon your request for accounting within 60 days after received your written request.

Your Right to a Paper Copy of This Notice.

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, contact Jacque Jones, Privacy Officer at 1464 Jefferson Street North, Lewisburg, WV 24901.

9. Privacy Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us, or with the United States Department of Health and Human Services, Office of Civil Rights (OCR). You will not be penalized or retaliated against in any way for making a complaint. **To file a complaint with us, contact our Privacy Officer at 304-645-3220 for instructions and forms. The complaint must be mailed or delivered to Jacque Jones, Privacy Officer at 1464 Jefferson Street North, Lewisburg, WV 24901. All privacy complaints must be submitted in writing.**

You may file a complaint, in writing or electronically, with the U.S. Department of Health and Human Services, Office of Civil Rights (OCR), by completing a Health Information Privacy Complaint Form (available at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf>) and sending to the applicable OCR Regional Office listed on the form, or by calling 215-861-4441 for instructions

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and contact information. An electronic complaint may be filed at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

You must file a complaint with OCR within 180 days (6 months) after the occurrence of the act or omission giving rise to your complaint.

10. Changes to This Notice:

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in RCBC facilities, as well as on our website. The Notice will include the effective date.

Should you have any questions regarding this Notice.

Should you have any questions about the contents of this Notice, please contact Jacque Jones, Privacy Officer at 1464 Jefferson Street North, Lewisburg, WV 24901, or by telephone at 304-645-3220.

Effective Dates: Our Notice of Privacy Practices was originally issued on April 14, 2003. Since that time, the Notice has been revised on May 17, 2013.

Reference: 45 C.F.R. § 164.520.