

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.

Comprehensive Health Network may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations of the company. CHN has established policies to guard against unnecessary disclosure of your health information. Effective date of this notice is April 14, 2003.

How We May Use and Disclose Medical Information About You

CHN may use your health information to coordinate care within the agency and with others involved in your care, such as your attending physician, pharmacists, medical equipment suppliers and other health care professionals who have agreed to assist CHN in coordinating your care.

CHN may include your health information in invoices to collect payment from third parties for the care you receive from the agency.

We may use and disclose medical information about you in the course of managing our organization.

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment for your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify the Compliance Officer or tell our staff member who is providing care to you.

CHN may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.

CHN will disclose your medical information when:

- it is required to do so by law.
- to prevent or control disease, injury or disability, report disease, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- to report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- to notify an employer about an individual who is a member of a workforce as legally required.
- to report abuse, neglect or domestic violence.
- to conduct health oversight activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action.
- in connection with judicial and administrative proceedings.
- for law enforcement purposes as permitted or required by state law.
- to coroners, medical examiners and funeral directors.
- for organ, eye or tissue donation.
- for research purposes.
- in the event of a serious threat to health or safety.
- for specified government functions.
- to comply with Workers Compensation laws.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, CHN will not disclose your health information other than with your written authorization. If you or your representative authorizes CHN to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that CHN maintains:

- the right to request restrictions on certain uses and disclosures of your health information.
- the right to receive confidential communications pertaining to your health information.
- the right to inspect and copy your health information.
- the right to amend your health care information.
- the right to an accounting of disclosures of your health information.
- the right to a paper copy of this notice.

DUTIES OF AGENCY

CHN is required by law to maintain the privacy of your health information and to provide you and your representative this Notice of its duties and privacy practices. CHN is required to abide by the terms of this Notice as may be amended from time to time. CHN reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If CHN changes its Notice, it will provide a copy of the revised Notice to you or your appointed representative.

Complaints.

You or your personal representative has the right to express complaints to CHN's Privacy Officer. Any complaints to the agency should be made in writing. The agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

You may also contact the Secretary of the Department of Health and Human Services at 1-866-627-7748. TTY users should call 1-800-537-7697.

CHN has designated the Chief Executive Officer as the Privacy Officer and contact person for all issues regarding client privacy and your rights under the Federal privacy standards. You may contact this person at:

Comprehensive Health Network
Privacy Officer
5420 State Route 571
Greenville, Ohio 45331
Or call 1-937-548-0506 or 1-800-798-0507