

FAMILY CARE SPECIALISTS

Medical Corporation

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. The confidentiality extends to all methods of communication which includes, written, electronic, verbal, or other.

PLEASE REVIEW IT CAREFULLY

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care 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, workers' compensation carrier, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of Family Care Specialists (FCS). For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. Your health information may be used as necessary to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers.

Law Enforcement: We will disclose medical information about you when required to do so by federal, state or local law.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Additional Uses of Information: Appointment reminders. Your health information will be used by our staff members to send or call you regarding appointment reminders.

Information About Treatment: Your health information may be used to send you information on the treatment and management of your medical condition that you may find of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health

Office Locations:

Highland Park
Los Angeles
Los Angeles
Montebello

5823 York Blvd., Ste. 1, Los Angeles, CA 90042
1701 Cesar E. Chavez Ave., Suite 230, Los Angeles, CA 90033
1701 Cesar E. Chavez Ave., Suite 402, Los Angeles, CA 90033
815 W. Washington Blvd., Montebello, CA 90640

Tel. (323) 255-1575 Fax: (323) 255-8139
Tel. (323) 260-5882 Fax: (323) 260-5850
Tel. (323) 343-1351 Fax: (323) 343-1355
Tel. (323) 728-3955 Fax: (323) 728-6905

and recovery of all patients who received one medication to those who received another, for the same condition. Research projects are subject to a special approval process. Before we disclose medical information for research, the project will have been approved through this research approval process. We may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave our facility. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who are you.

Other Uses and Disclosures Require Your Authorizations: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use of disclosure of information that occurred before you notified us of your decision.

Individual Rights: You have certain rights and under the federal privacy standards these include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Family Care Specialists (FCS) Medical Corporation Duties: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practice: As permitted by law, we reserve the right to amend or modify our privacy practices. We will provide you with a revised notice or you may obtain a copy of the revised notice by accessing our web site or calling our office.

Complaints: If you would like to submit a comment or complaint about our privacy practice, you can do so by sending a letter outlining your concerns to our corporate office:

Family Care Specialists (FCS) Medical Corporation
5823 York Blvd., Suite 1
Los Angeles, CA 90042
Attn: Privacy Officer