

NOTICE OF PRIVACY PRACTICES

Last Revised Date: June 1, 2008

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

If you have any questions about this notice, please contact the Privacy Officer of our office at 541-673-1462. We reserve the right to change this notice.

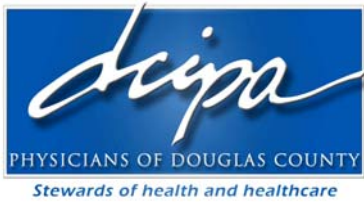
YOUR HEALTH INFORMATION.

This notice describes our company's practices for protecting the privacy of your health information. Our company includes the Douglas County Individual Physician's Association, Inc., related businesses, Douglas Medical Clinic, P.C., DCIPA EHR, LLC, and DCIPA, LLC. As part of our business, we maintain an electronic health record exchange among area healthcare providers. This secure, electronic exchange enables each provider you see who participates in the exchange to access and update your health records. We are required by law to: (i) ensure that health information that identifies you is kept private; (ii) give you this notice of our legal duties and privacy practices with respect to health information about you; and (iii) follow the terms of the notice as currently in effect. Should our privacy practices change, we reserve the right to change the terms of this notice and make the new notice provisions effective for all of your health information that the company maintains. After any material revisions to our privacy practices, we will notify you of the changes made. You may request that we mail the new notice to you as well.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following describe different ways we use and disclose health information. "Use" is what we do with your information in our company. "Disclose" means sharing your information with others outside this company. For each category of use or disclosure, we will explain what we mean and try to give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. We may use and disclose your health information as follows:

- **Claims Administration.** To administer your plan benefits and help pay your medical bills that have been submitted to us by doctors, hospitals, and other providers for payment;
- **For Treatment.** To help doctors, hospitals and others provide medical care to you; for example, if you are hospitalized, we may provide them access to your health information sent to us by your doctor;



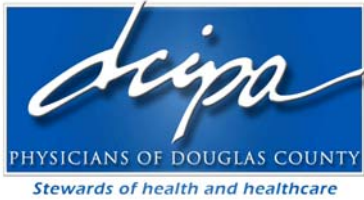
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- **Improve Efficiency.** To make your care as efficient and accurate as possible; for example, we will place your records in a secure, electronic database that enables each provider you see to access and update your health records;
- **Improve Care.** To help manage your health care; for example, we may suggest to you or your doctor a wellness program aimed toward improving your health;
- **Coordinate Care.** If necessary, and if the third party agrees to protect your health information, to assist third parties in performing business functions for us;
- **Provide Information.** To provide you with information about health-related products and services in which you may be interested; for example, we may send you information regarding classes for smoking cessation or regarding the ill effects of sleep deprivation;
- **Individuals Involved in Your Care or Payment for Your Care.** To a friend or family member who is involved in your health care. We may give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition;
- **Research.** Under certain circumstances, for research purposes. Before we use or disclose health information for research, the project will have been approved through a research approval process, but we may disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific health needs, so long as the health information they review does not leave this office. 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 you are, or will be involved in your care at the office;
- **As Required By Law.** When required to do so by federal, state or local law; and
- **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety or the health or safety of another person. Any disclosure, however, would only be to someone able to help prevent the threatened harm.

SPECIAL SITUATIONS.

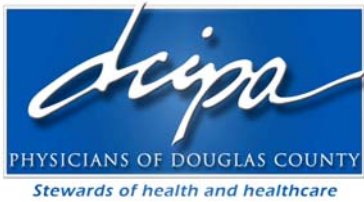
We may release health information in the following special cases:

- **Organ and Tissue Donation.** If you are an organ donor, to organizations that handle organ, eye, or tissue transplantation or to an organ donation bank, as



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- **Military and Veterans**. If you are a member of the armed forces, as required by military command authorities. We may also release health information about foreign military personnel to their foreign military authority.
- **Workers' Compensation**. For workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Activities**. These activities generally include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of product recalls they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notifying the appropriate government authority if we believe an enrollee has been the victim of abuse, neglect or domestic violence (only if you agree, or when required or authorized by law).
- **Health Oversight Activities**. To a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. For example, we may disclose your health information to the Food & Drug Administration, the agency responsible for tracking prescription drug and medical device problems.
- **Lawsuits and Disputes**. In response to a court or administrative order. We may also disclose health information about you in response to a subpoena.
- **Law Enforcement**. If asked to do so by a law enforcement official (1) in response to a court order, subpoena, warrant, summons or similar process; (2) about a death which may be the result of criminal conduct; (3) about criminal conduct at the company; or (4) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors**. To a coroner, medical examiner, or funeral director. This may be necessary to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities**. We may release health information about you to authorized federal officials for national security activities authorized by law.

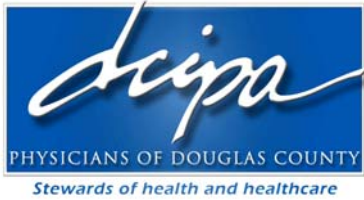


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- **Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Pursuant to Authorization**. If we plan or need to use or disclose your information for any reason other than those listed above, only with your written authorization to do so. If you give us your written permission but then change your mind, you have the right to revoke your authorization. You may revoke your authorization at any time, and we will honor your revocation except to the extent that we have already relied on it. Note, once we disclose your information it may no longer be protected. For example, certain third parties are not subject to the same privacy rules that we are and these third parties may re-disclose information that we disclose to them. Certain private information, such as HIV or substance-abuse-related information, is protected from certain re-disclosures by federal law.

YOUR RIGHTS REGARDING HEALTH INFORMATION. You have the following rights regarding your health information:

- **Right to Inspect and Copy**. To inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records, but does not include psychotherapy notes. Note, you must submit your request in writing to our Privacy Officer, and we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in certain very limited circumstances. If you are denied access, you may request that the denial be reviewed. We will select a licensed health care professional to review your request and the denial and abide by their decision.
- **Right to Amend**. If you feel that health information we have about you is incorrect or incomplete, to ask us to amend the information. To request an amendment, complete and submit an AMENDMENT REQUEST form to our Privacy Officer. 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 the person or entity that created the information is no longer available to make the amendment; (2) is not part of the health information kept by or for the office; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.



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- **Right to an Accounting of Disclosures.** To request an “accounting of disclosures.” This is a list of certain disclosures we made of your health information during the six years prior to your request. You must submit your request in writing to our Privacy Officer, designating a time period (no more than six years). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. Note, this accounting will not include disclosures: for treatment, payment, or health care operations purposes; made to you; made in connection with an otherwise permitted use or disclosure; that you authorized; to persons involved in your care or other notification purposes; for national security or intelligence purposes; to law enforcement officials or correctional institutions; made as part of a limited data set for research or public health purposes; or prior to April 14, 2003.
- **Right to Request Restrictions.** To request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the REQUEST FOR LIMITATIONS AND RESTRICTIONS OF PROTECTED HEALTH INFORMATION form to our Privacy Officer. Your request must specify how or where you wish to be contacted.
- **Right to Request Confidential Communications.** To request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, complete and submit the REQUEST TO LIMIT CONFIDENTIAL COMMUNICATION form to our Privacy Officer. Your request must specify how or where you wish to be contacted.
- **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 by contacting our Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services (see www.hhs.gov). To file a complaint with the office, contact the Privacy Officer. You will not be penalized for filing a complaint.