



NOTICE OF PRIVACY PRACTICES

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.

Purpose of this Notice: This Notice describes the health information practices of the company listed above, referred to as the "Company".

Our Pledge Regarding Your Health Information: We understand that information about you and your healthcare is personal. We are committed to protecting your health information. We create a record of the care and services you receive. We need this record to care for you, to bill insurance companies and other payors and to comply with other requirements. This notice applies to all health information and records of your care maintained by the Company.

How We May Use and Disclose Your Health Information: The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and present an example. 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.

For Treatment. We will use and disclose your health information to provide you with treatment and healthcare items and services. For example, we may disclose your health information to your doctor, technicians and others who need to know this information to provide services to you. We may also disclose your health information to other doctors or health care providers outside of the Company to arrange for other treatment or healthcare services, such as pharmacies and laboratories.

For Payment. We may release your health information so that the treatment and services you receive may be billed to insurance companies and health plans and so that payment may be collected from you, an insurance company or health plan. For example, we may need to inform your health plan about the treatment you are receiving so that the health plan will authorize and pay for treatment. We may also use and disclose your health information to obtain payment from family members who may be responsible for paying for your care.

For Health Care Operations. We may use and disclose your health information during our routine health care operations, including quality assurance, utilization review, medical review, internal auditing and educational activities. For example, we may use the information in your record to determine whether your care met our quality standards.

Appointment Reminders. We may use and disclose your health information to contact you as a reminder that you have an appointment. We may do this by sending reminder post-cards, telephoning you at the phone number you have given us or leaving a message on an answering machine at the phone number you have given us.

Health Related Business and Services. We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you or to recommend possible treatment options or alternatives.

Business Associates. We may disclose your health information to our business associates with whom we contract with to provide certain services for us. For example, we may contract with medical transcription services and billing companies. We require any business associate to agree in writing to maintain the privacy and confidentiality of your health information.

Individuals Involved in Your Care or Treatment. Unless you object, we may provide your health information to a family member or friend who is involved in your care or treatment or the payment for your care or treatment. During an emergency or a disaster, we may also disclose your health information to an organization that is assisting in such an effort so that your family may be notified of your condition, status and location.

Research. Under certain circumstances, we may disclose your health information for research purposes. For example, a doctor may be doing research on a new device or treatment. However, any research project is subject to a special approval process which ensures that there is no risk or minimal risk to your privacy. In most cases, we will obtain your written authorization before your health information is used in any research project.

As Required By Law. We will disclose your health information when we are required to do so under federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat, such as a public health authority.

Special Situations:

Organ and Tissue Donation. If you are an organ donor, we may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces or a veteran, we may release your health information as required by military command authorities or the Department of Veterans Affairs. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your health information for workers' compensation or similar programs as authorized by state or federal law. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your health information for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, such as Medicare and Medicaid, and compliance with applicable laws. These oversight activities include, for example, audits and investigations.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order to protect the confidentiality of the information disclosed.

Law Enforcement. We may release your health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct at the hospital; and in emergency circumstances 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. We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your health information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities, Protection of the President and Others. We may release your health information to authorized federal officials for intelligence, counterintelligence, to protect the President and foreign heads of state and for other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information 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.

Other Uses of Your Health Information: If we must use or disclose your health information for any other purposes that are not covered, we will first obtain your written permission, referred to as an "authorization". If you provide us with an authorization, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your health information for that purpose. However, we are unable to take back any disclosures we may have already made in reliance of your earlier authorization.

Your Rights Regarding Your Health Information: You have the following rights regarding the health information maintained by the "Health Care Provider".



Right to Inspect and Copy. You have the right to inspect and copy your health information that may be used to make decisions about your health care. To inspect and copy your health information, you must submit your request in writing to the Privacy Officer at 1801 N. Broadway Ave., Oklahoma City, OK 73103. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. The Company may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

Right to Amend. If you believe that the health information we have about you is incorrect or incomplete, you may ask that we amend the information. You have the right to request an amendment for as long as the information is kept by the Company. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at 1801 N. Broadway Ave., Oklahoma City, OK 73103. 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: is not part of the health information that we maintain; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at 1801 N. Broadway Ave., Oklahoma City, OK 73103. Your request must state a time period which may not be longer than 6 years and may not predate April, 2003 or the establishment of the Company. Your request should indicate in what form you want the list (for example, paper or electronic). 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. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the way we use or disclose your health information for treatment, payment or health care operation purposes. You also have the right to request a limit on the health information we disclose 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 particular item or service that we provided. We are not required to agree to your request. To request restrictions, you must make your request in writing to the Privacy Officer at 1801 N. Broadway Ave., Oklahoma City, OK 73103. In your request, you must specify (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.

Right to Request Confidential Communications. 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 at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at 1801 N. Broadway Ave., Oklahoma City, OK 73103, and explain the reason for your request and how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice. You may ask for a copy of this Notice at our office any time.

Changes to this Notice: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information that we already have about you as well as any information that we receive in the future. A copy of this Notice will be posted in our office.

Contact and Complaints: If you have any questions about this Notice, please contact the Privacy Officer at (405) 528-1936 or 1801 N. Broadway Ave., Oklahoma City, OK 73103.

If you believe your privacy rights may have been violated or if you have a complaint about our privacy practices, you may file a complaint with our office by contacting the Privacy Officer at (405) 528-1936 or 1801 N. Broadway Ave., Oklahoma City, OK 73103. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services.

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide The Broadway Clinic with my authorization and consent to use and disclose my protected health care information for the purposes of payment and health care operations as described in the Privacy Notice.

Patient Name (Print)

Patient Signature

Date

Authorized Facility Signature

Date