

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY Progressive Care Associates, Inc. AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective April 14, 2003. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and related federal regulations. If you have questions about this Notice please contact the Privacy Officer Erica Keys, LCSW at 678-574-8313. Progressive Care Associates, Inc. is a Corporation in the state of Georgia responsible for providing a variety of professional services which deal with mental health and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and Progressive Care Associates, Inc. must comply with those laws. For situations where more stringent disclosure requirements do not apply, this Notice of Privacy Practices describes how Progressive Care Associates, Inc. may use and disclose any Protected Health Information (PHI) for treatment, payment, health care operations and for certain other purposes. **This notice relates only to health information.** It describes your rights to access and control any PHI, and provides information about your right to make a complaint if you believe Progressive Care Associates, Inc. has improperly used or disclosed any "PHI." Protected health information is information that may personally identify you or the child(ren) and relates to any past, present or future physical or mental health or condition and related health care services. Progressive Care Associates, Inc. is required to abide by the terms of this Notice of Privacy Practices, and may change the terms of this notice, at any time. A new notice will be effective for all PHI that Progressive Care Associates, Inc. maintains at the time of issuance. Upon request, Progressive Care Associates, Inc. will provide you with a revised Notice of Privacy Practices by posting copies at its' facilities, publication on Progressive Care Associates, Inc.'s website, in response to a telephone or facsimile request to the Privacy Officer, or in person at any facility where you receive services from Progressive Care Associates, Inc.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Any PHI may be used and disclosed by Progressive Care Associates, Inc., its' employees, contractors, agents and attorneys for the purpose of providing mental health services to you. Protected health information is routinely needed in order to ensure proper mental health treatment.

Treatment: Any PHI may be used to provide, coordinate, or manage your or your child's mental health services, including coordination with a third party that has your permission to have access to any PHI, such as other health care professional who may be treating you or your child(ren), a health care specialist or laboratory.

Payment: Your PHI or that of the child(ren) may be used to obtain payment for your or your child(ren)'s health care services.

Health Care Operations: Progressive Care Associates, Inc. may use or disclose any PHI to support the business activities of Progressive Care Associates, Inc. including, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. Progressive Care Associates, Inc. may use a sign-in sheet at the registration desk at any facility or office where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you, and any PHI may be used to contact you about appointments and/or for other operational reasons. Any PHI may be shared with third party "business associates" who perform various activities that assist us in the provision of your or your child(ren)'s mental health services.

Other uses and disclosures of any PHI will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.

Other Permitted or Required Uses and Disclosures with Your Authorization or Opportunity to Object

The Department may use and/or disclose any PHI to a court of law, to a family member, relative or any other persons you identify on the Progressive Care Associates, Inc. Authorization Form. You have the opportunity to agree or object to the use and/or disclosure of all or part of any PHI.

Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object

Progressive Care Associates, Inc. may use or disclose any PHI without your authorization when required to do so by law; for public health purposes, to a person who may be at risk of contracting a communicable disease, to a health oversight agency, to an authority authorized to receive reports of abuse or neglect, in certain legal proceedings, and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director, for certain approved research purposes, to prevent or lessen a threat to health or safety, and to law enforcement authorities for identification or apprehension of an individual.

Required Uses and Disclosures: Under the law, Progressive Care Associates, Inc. must make disclosures to you, when required by the Secretary of the Department of Health and Human Services and to investigate or determine the Department's compliance with the requirements of the Privacy Rule at 45 CFR Sections 164.500 et seq.

2. YOUR RIGHTS UNDER THE FEDERAL PRIVACY RULE

The following is a statement of your rights with respect to any PHI and a brief description of how you may exercise these rights:

a. You have the right to inspect and copy your protected health information.

Upon written request, you may inspect and obtain a copy of any PHI for as long as the Department maintains the PHI. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or PHI that is subject to a federal or state law prohibiting access to such information.

b. You have the right to request restriction of your protected health information.

You may ask in writing that Progressive Care Associates, Inc. not use or disclose any part of any PHI for the purposes of treatment, payment or healthcare operations, and not to disclose PHI to family members or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. Progressive Care Associates, Inc. is not required to agree to a restriction you request, and if Progressive Care Associates, Inc. believes it is in your best interest to permit use and disclosure of any PHI, the PHI will not be restricted, except as required by law. If Progressive Care Associates, Inc. does agree to the requested restriction, Progressive Care Associates, Inc. may not use or disclose any PHI in violation of that restriction unless it is needed to provide emergency treatment.

c. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

Upon written request, Progressive Care Associates, Inc. will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. Progressive Care Associates, Inc. will not request an explanation from you as to the basis for the request.

d. You may have the right to request amendment of any protected health information.

If Progressive Care Associates, Inc. created any PHI, you may request in writing an amendment of that information for as long as it is maintained by Progressive Care Associates, Inc.. Progressive Care Associates, Inc. may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial.

e. You have the right to receive an accounting of certain disclosures Progressive Care Associates, Inc. has made of any protected health information.

This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures Progressive Care Associates, Inc. made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to receive legally specified information regarding disclosures occurring after April 14, 2003, subject to certain exceptions, restrictions and limitations.

f. You have the right to obtain a paper copy of this notice from Progressive Care Associates, Inc..

3. COMPLAINTS RELATED TO USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION OR RIGHTS

You may complain to Progressive Care Associates, Inc. and to the Secretary of Health and Human Services if you believe your health information privacy rights have been violated. You may file a complaint, in writing, with Progressive Care Associates, Inc. which maintains any PHI. You must state the basis for your complaint. Progressive Care Associates, Inc. will not retaliate against you for filing a complaint. You may contact the Privacy Officer at 678-574-8313 by facsimile 678- 574-8315 or by mail to Attn: Privacy Officer, Progressive Care Associates, Inc., 3415 Old Hwy 41, Suite 750 Kennesaw, GA 30144 for further information about the complaint process, this notice, or your rights set forth above. Please sign a copy of this Notice of Privacy Practices for Progressive Care Associates, Inc.'s records.

I have received a copy of this Notice on the date indicated below.

Signature

Date