

NOTICE OF INFORMATION 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.

Effective: April 14, 2003

Modern Care Medical Group (MCMG) is a privately owned Medical Practice. This notice applies to the Medical Practice and Physicians as described in this notice.

Patient Privacy

At MCMG your privacy is a priority. We follow strict federal and state guidelines to maintain the confidentiality of your medical (protected health) information.

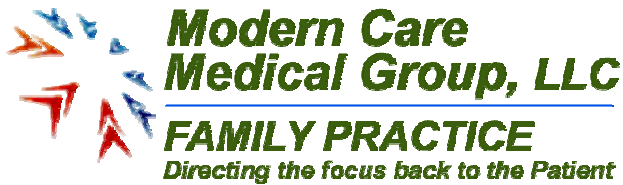
Protected Health Information

Protected health information (PHI) is any information about your past, present, or future health care, or payment for that care that could be used to identify you. Members of our staff and our business associates may only access the minimum amount of protected health information that they need to complete their assigned tasks.

Use and Disclosure of PHI

When you visit MCMG, we use and disclose your protected health information to treat you, to obtain payment for services and to conduct normal business known as health care operations. We may also share information with a contracted business associate who must meet our privacy requirements. Examples of how we use and disclose your information include:

- **Treatment** - We document each visit and/or service provided. This documentation may include your test results, diagnoses and medications or other therapies. This allows your doctors, nurses and other clinical staff to provide the best care to meet your needs.
- **Payment** - We document the service and supplies you receive at each visit so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require its prior approval.
- **Health Care Operations** - Medical information is used to improve the services we provide, to train staff and students, and for business management, performance improvement and customer service.
- **We may also use information to:**
 - Recommend treatment alternatives
 - Tell you about health benefits and services
 - Communicate with other Health Providers (e.g. Medical personnel, Specialist, ER, Therapist) or business associates for treatment, payment or health care operations, with the sole intention to collaboratively coordinate your health care.
 - Send or make appointment reminders
 - Communicate with family or friends involved in your care with your permission



NOTICE OF INFORMATION PRIVACY PRACTICES - Continued

There are limited times when we are permitted or required to disclose medical information without your signed permission. These situations include the following: For public health activities such as tracking diseases or medical devices, to protect victims of abuse or neglect, for federal and state health oversight, activities such as fraud investigations, for judicial or administrative proceedings, if required by law or for law enforcement, to coroners, medical examiners and funeral directors, for organ donation, to avert serious threat to public health or safety for specialized government functions such as national security and intelligence, to workers' compensation if you are injured at work, to a correctional institution if you are an inmate, for research following strict review to ensure protection of information.

Other uses and disclosures not previously described may only be done with your signed authorization. You may revoke your authorization, in writing, at any time.

Our Responsibilities

MCMG is required by law to maintain the privacy of your medical information, provide this notice of our duties and privacy practices, and abide by the terms of the notice currently in effect. We reserve the right to change privacy practices and make the new practices effective for all the information we maintain. Revised notices will be available from the MCMG receptionist or your health care provider.

Your Rights

You have the right to: request that we restrict how we use or disclose your medical information (we are not required to abide by your request), request that we use a specific telephone number or address to communicate with you, inspect and copy your medical information* (fees may apply), request amendment to your medical information (reason required)*, receive an accounting of how your medical information was disclosed* - excludes disclosures for treatment, payment, health care operations and some required disclosures (fees may apply), obtain a paper copy of this notice even if you receive it electronically, register a complaint- see below.

* Denotes that your request must be in writing – for records/authorization purposes.

To Contact Us

If you have any questions about this notice, contact the privacy officer or visit:

www.ModernCareMedicalGroup.com

If you would like to exercise your rights or if you feel your privacy rights have been violated, contact the privacy officer at:

Modern Care Medical Group, LLC

Privacy Office

1075 Westford Street (Suite 204)

Lowell, MA, 01851

Telephone: 978-452-2000

All complaints will be investigated and you will not suffer retaliation for filing a complaint.

You may also file a complaint with the secretary of health and human services in Washington, DC.

At Modern Care Medical Group, LLC, your privacy is a priority.