

GENESIS HEALTHCARE ASSOCIATES, P.C.

HIPPA NOTICE OF PRIVACY RIGHTS AND 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.

If you have any questions about this notice, please contact Dr. Carla Neal-Haley, CEO, GENESIS HEALTHCARE ASSOCIATES, P. C., at 3903 South Cobb Drive, Suite 225, Smyrna, GA 30080.

GENESIS HEALTHCARE (GHCA) offers a broad range of health management and treatment services and provides quality detailed oriented family centered healthcare. In our efforts to provide care to you, it is necessary that your health information be available to health care providers who are involved in your treatment and care.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) sets national guidelines to ensure the privacy of your individual identifiable health information. It also provides you more control over your health information and allows you to find out how your health information may be used or disclosed.

This notice describes the medical information practices of Genesis Healthcare and its officers, employees, agents, and subcontractors.

Our Pledge Regarding Medical Information

Genesis Healthcare understands that medical information about you is personal and GHCA is committed to protecting it.

This notice applies to all of the medical records that GHCA maintains. This notice does not apply to medical information relating to disability benefits, worker's compensation, or other information not created or received by the Plan.

This notice will tell you about the ways in which the GHCA may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

GHCA is required to:

- make sure that the medical information that identifies you is kept private;
- give you this notice of our privacy practices with respect to medical information about you; and
- follow the terms of the current notice.

Use and Disclosure of Your Medical Information

The following categories describe different ways that GHCA may use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways GHCA is permitted to use and disclose information will fall within one of the categories.

For Treatment (as describe in applicable regulations). Genesis Healthcare may use and disclose medical information about you to facilitate medical treatment or services by providers. Genesis Healthcare may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, GHCA may disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

For Payment (as described in applicable regulations). Genesis Healthcare may use and disclose medical information about you to determine eligibility for benefits, to facilitate payment for the treatment and services you receive, to determine benefit responsibility, or to coordinate benefit coverage. For example, GHCA may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, medically necessary, or to determine whether treatment will be covered. GHCA may also share medical information with a utilization or pre-certification service provider. It may also share medical information

with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations (as described in applicable regulations). Genesis Healthcare may use and disclose medical information about you for other operations. These uses and disclosure are necessary to the operation of our business. For example, GHCA may use medical information in connection with: (1) conducting quality assessment and improvement activities and (2) business planning and development such as cost management and business management and general administrative activities.

As Required By Law. Genesis Healthcare will disclose medical information about you when required to do so by federal, state or local law. For example, Genesis Healthcare may disclose information when required by court order in a litigation proceeding

To Avert a Serious Threat to Health and Safety. Genesis Health care may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Disclosure to Health Plan Sponsor(s). Information may be disclosed to a health care provider by GHCA for purposes of facilitating claims payments. In addition, medical information may be disclosed to GHCA personnel or its subcontractors solely for the purposes of administering benefits.

Organ and Tissue Donation. If you are an organ donor, GHCA may release medical 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.

Worker's Compensation. Genesis Healthcare may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. Genesis Healthcare may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- 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 Genesis Healthcare believes a patient has been the victim of abuse or neglect or domestic violence. GHCA will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. The plan may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include 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.

Law Suits and Disputes. If you are involved in a lawsuit or a dispute, GHCA may disclose medical information about you in response to a court or administrative order. GHCA may also disclose medical information about you 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.

Law Enforcement. Genesis Healthcare may release medical information if asked to do so by law enforcement officials:

- 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 circumstances, GHCA is unable to obtain the person's agreement;
- about a death GHCA believes may be the result of criminal conduct;
- 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. GHCA may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. GHCA may also release medical information about participants to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. GHCA may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Your Rights

You have the following rights regarding medical information GHCA maintains about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your medical care and treatment or the processing of your insurance claims. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Dr. Carla Neal-Haley, 3903 South Cobb Drive, Suite 225, Smyrna, GA 30080. (770) 434-1904. If you request a copy of the information, GHCA may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Genesis Healthcare may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend. If you feel that medical information GHCA has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by GHCA.

To request an amendment, your request must be made in writing and submitted to Dr. Carla Neal-Haley, at 3903 South Cobb Drive, Suite 225, Smyrna, GA 30080.

In addition, you must provide a reason that supports your request. GHCA 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, GHCA may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for GHCA;
- 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 or complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to Dr. Carla Neal-Haley, 3903 South Cobb Drive, Suite 225, Smyrna, GA 30080, (770) 434-1904.

Your request must state a time period which may not be longer than six years and may not include dates before June of 2006. 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, GHCA may charge you for the cost of providing the list. Genesis Healthcare 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 medical information GHCA uses or discloses about you for treatment, payment, or health care operations. You also have

the right to request a limit on the medical information GHCA discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Genesis Healthcare is not required to agree to your request.

To request restrictions, you must make your request in writing. In your request, you must tell us: (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, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that GHCA communicates with you about medical matters in a certain way at a certain location. For example, you can ask that GHCA only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Dr. Carla Neal-Haley at 3903 South Cobb Drive, Suite 225, Smyrna, GA 30080, (770) 434-1904.

You may be required to provide a reason for your request. Genesis will make reasonable efforts to accommodate your requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice You have the 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.

To obtain a copy of this notice, contact Dr. Carla Neal-Haley, 3903 South Cobb Drive, Suite 225, Smyrna, GA 30080.

Changes to this Notice

Genesis Healthcare reserves the right to change this notice. GHCA reserves the right to make the revised or changed notice effective for medical information GHCA already has about you as well as any information GHCA receives in the future. Genesis Healthcare will post a copy of the current notice at its office site. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint by writing to: Dr. Carla Neal-Haley, CEO, GENESIS HEALTHCARE ASSOCIATES, PC, 3903 South Cobb Drive, Suite 225, Smyrna, Georgia 30080. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. For further information, you may send written inquiries to Dr. Carla Neal-Haley, CEO, GENESIS HEALTHCARE ASSOCIATES, P. C. at the above address, or call (770) 434-1904.

To file a complaint with GHCA contact Dr. Carla Neal-Haley, Genesis Healthcare Associates, P.C., CEO, 3903 South Cobb Drive, Suite 225, Smyrna, GA 30080; (770) 434-1904.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the law that apply to us will be made only with your written authorization, if such permission is required by law. If you provide GHCA permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your authorization, GHCA will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures GHCA has already made with your permission, and that GHCA is required to retain our records of the care that GHCA provided to you.