

HIPAA NOTICE OF PRIVACY PRACTICES

Policy

All Star Anesthesia, LLC is committed to maintaining and protecting the confidentiality of the individual's PHI. All Star Anesthesia, LLC is required by federal and state law, including the Health Insurance Portability and Accountability Act ("HIPAA"), to protect the individual's PHI and other personal information. All Star Anesthesia, LLC is required to provide the individual with this Notice of Privacy Practices about All Star Anesthesia, LLC policies, safeguards, and practices. When All Star Anesthesia, LLC uses or discloses an individual's PHI, All Star Anesthesia, LLC is bound by the terms of this Notice of Privacy Practices, or the revised notice of Privacy Practices, if applicable.

The All Star Anesthesia, LLC obligations:

All Star Anesthesia, LLC is required by law to:

- Maintain the privacy of PHI (with certain exceptions)
- Give the individual this notice of All Star Anesthesia, LLC legal duties and privacy practices regarding health information about the individual.
- Follow the terms of All Star Anesthesia, LLC notice of Privacy Practice that is currently in effect

Procedures

How All Star Anesthesia, LLC may use and disclose PHI:

The following describes the ways All Star Anesthesia, LLC may use and disclose PHI. Except for the purposes described below, All Star Anesthesia, LLC will use and disclose PHI only with the individual's written permission. The individual may revoke such permission at any time by writing to All Star Anesthesia, LLC Compliance Officer

1. For Treatment. The All Star Anesthesia, LLC may use and disclose PHI for the individual's services. For example, All Star Anesthesia, LLC may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside All Star Anesthesia, LLC, who are involved in the individual's medical care and need the information to provide the individual with medical care.
2. For Payment. The All Star Anesthesia, LLC may use and disclose PHI so that All Star Anesthesia, LLC or others may bill and receive payment from the individual, an insurance company or third party for the treatment and services the individual received. For example, All Star Anesthesia, LLC may tell the individual's insurance company about a treatment the individual is going to receive to determine whether the individual's insurance company will cover the treatment.
3. For Health Care Operations. The All Star Anesthesia, LLC may use and disclose PHI for health care operation purposes. The uses and disclosures are necessary to make sure that all All Star Anesthesia, LLC patients receive quality care and to operate and manage All Star Anesthesia,

LLC office. For example All Star Anesthesia, LLC may share information with doctors, residents, nurses, technicians, clerks, and other personnel for quality assurance and educational purposes. The All Star Anesthesia, LLC also may share information with other entities that have a relationship with the individual (for example, the individual's insurance company and anyone other than the individual who pays for the individual's services) for the individual's health care operation activities.

4. Appointment reminders, Treatment Alternatives, and Health Related Benefits and Services. The All Star Anesthesia, LLC may use and disclose PHI to contact the individual to remind them that they have an appointment with All Star Anesthesia, LLC. The All Star Anesthesia, LLC also may use and disclose PHI to tell the individual about treatment alternatives or health-related benefits and services that may be of interest to the individual.
5. Third Parties Involved in an Individual's Care or Payment for an Individual's Care. When appropriate, All Star Anesthesia, LLC may share PHI with a person who is involved in the individual's medical care or payment for the individual's care, such as the individual's family or a close friend. The All Star Anesthesia, LLC also may notify the individual's family about the individual's location or general condition or disclose such information to an entity (such as Red Cross) assisting in a disaster relief effort.
6. Research. Under certain circumstances, All Star Anesthesia, LLC may use and disclose Phi for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. The All Star Anesthesia, LLC will generally ask for the individual's written authorization before using the individual's PHI or sharing it with others to conduct research. Under limited circumstances, All Star Anesthesia, LLC may use and disclose PHI for research purposes without the individual's permission. Before All Star Anesthesia, LLC uses or discloses PHI for research without the individual's permission, the project will go through a special approval process to ensure that research conducted poses minimal risk to the individual's privacy. The individual's information will be de-identified. Researchers may contact the individual to see if the individual is interested in or eligible to participate in a study.

Special Situations:

7. As Required by Law. The All Star Anesthesia, LLC will disclose PHI when required to do so by international, federal, state or local law.
8. To Avert a Serious Threat to Health or Safety. The All Star Anesthesia, LLC may use and disclose PHI when necessary to prevent a serious threat to the individual's health and safety or the health and safety of others. Disclosures, however, will be made only to someone who may be able to help prevent or respond to the threat, such as a law enforcement or potential victim. For example, All Star Anesthesia, LLC may need to disclose information to law enforcement when a patient reveals participation in a violent crime.
9. Business Associates. The All Star Anesthesia, LLC may disclose PHI to All Star Anesthesia, LLC's business associates that perform functions on All Star Anesthesia, LLC behalf or provide All Star Anesthesia, LLC with services if the information is necessary for such functions or services. For example, All Star Anesthesia, LLC may use another company to perform billing services on All Star Anesthesia, LLC behalf. All of All Star Anesthesia, LLC's business

associates are obligated to protect the privacy of the individual's information and are not allowed to use or disclose any information other than as specified in our contract.

10. Lawsuits and Disputes. If the individual is involved in a lawsuit or a dispute, All Star Anesthesia, LLC may disclose PHI in response to a court or administrative order. The All Star Anesthesia, LLC also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the request or to allow the individual to obtain an order protecting the information requested.
11. Law Enforcement. The All Star Anesthesia, LLC may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, All Star Anesthesia, LLC is unable to obtain the individual's agreement; (4) about a death All Star Anesthesia, LLC believes may be the result of criminal conduct; (5) about criminal conduct on All Star Anesthesia, LLC premises; and (6) 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.

Uses and Disclosures that Require All Star Anesthesia, LLC to Give the Individual an Opportunity to Object/Opt Out:

12. Third Parties involved in the Individual's Care or Payment for Individual's Care. Unless the individual objects, All Star Anesthesia, LLC may disclose to a member of the individual's family, a relative, a close friend or any other person the individual identifies, the individual's PHI that directly relates to that third party's involvement in the individual's health care. If the individual is unable to agree or object to such a disclosure, All Star Anesthesia, LLC may disclose such information as necessary if All Star Anesthesia, LLC determines that it is in the individual's best interest based on All Star Anesthesia, LLC professional judgment.

Individual's Rights Regarding PHI:

The following uses and disclosures of the individual's PHI will be made only with the individual's written authorization:

- Uses and disclosures of PHI for marketing purposes;
- Disclosures that constitute a sale of the individual's PHI; and
- Disclosures of psychotherapy notes.

Other uses and disclosures of PHI not covered by this Notice of Privacy Practice or the laws that apply to All Star Anesthesia, LLC will be made only with the individual's written authorization. If the individual gives us authorization, the individual may revoke it at any time by submitting a written revocation to All Star Anesthesia, LLC Compliance Office and we will no longer disclose PHI under the authorization. But disclosure that All Star Anesthesia, LLC made in reliance on an individual's authorization before the individual revoked it will not be affected by the revocation.

13. Right to Inspect and Copy. The individual has a right to inspect and copy PHI that may be used to make decisions about the individual's care or payment for the individual's care. This included medical and billing records, other than psychotherapy notes. To inspect and copy the

individual's PHI, the individual must make their request, in writing, to the Department in which their care was provided. The All Star Anesthesia, LLC has up to 30 days to make the individual Phi available to the individual and All Star Anesthesia, LLC may charge the individual a reasonable fee for the costs of copying, mailing or other supplies associated with the individual's request. The All Star Anesthesia, LLC may not charge the individual a fee if the individual needs the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. The All Star Anesthesia, LLC may deny the individual's request in certain limited circumstances. If All Star Anesthesia, LLC does deny the individual's request, the individual has the right to have the denial reviewed by a licensed healthcare professional that was no directly involved in the denial of the individual's request, and All Star Anesthesia, LLC will comply with the outcome of the review.

14. Right to Get Notice of a Breach. All Star Anesthesia, LLC is committed to safeguarding the individual's PHI. If a breach of the individual's PHI occurs All Star Anesthesia, LLC will notify the individual in accordance with state and federal law.
15. Right to Amend, Correct or Add an Addendum. If the individual feels that the PHI All Star Anesthesia, LLC has is incorrect, incomplete, or the individual wishes to add an addendum to the individual's records, the individual has the right to make such request for as long as the information is kept by or for All Star Anesthesia, LLC office. The individual must make their request in writing to the Department in which their care was provided. In the case of claims that the information is incorrect, incomplete, or if the record was not created by All Star Anesthesia, LLC, All Star Anesthesia, LLC may deny the individual's request. However, if All Star Anesthesia, LLC denies any part of the individual's request, All Star Anesthesia, LLC will provide the individual with a written explanation of the reasons for doing so within 60 days of the individual's request.
16. Right to an Accounting of Disclosures. Individuals have the right to request a list of certain disclosures All Star Anesthesia, LLC made of PHI for purposes other than treatment, payment, health care operations, and certain other purposes consistent with law, or for which the individual provided written authorization. To request an accounting of disclosure, individuals must make their request, in writing, to the Department in which the individual's care was provided. The individual may request an accounting of disclosures for up to the previous six years of services provided before the date of the individual's request. If more than one request is made during a 12 month period, All Star Anesthesia, LLC may charge a cost based fee.
17. Right to Request Restrictions. Individuals have the right to request a restriction or limitation on the PHI All Star Anesthesia, LLC uses or disclose for treatment, payment, or health care operations. Individuals also have the right to request a limit on the PHI we disclose to someone involved in the individual's care or the payment for the individual's care, like a family member or friend. For example, the individual could ask that All Star Anesthesia, LLC not share information about a particular diagnosis or treatment with the individual's spouse. To request a restriction, the individual must make their request, in writing, to the Department in which their care was provided. The All Star Anesthesia, LLC is not required to agree to the individual's request unless the individual is asking us to restrict the use and disclosure of the individual's PHI to a health plan for payment or health care operation purposes and such information the individual wishes to restrict pertains solely to a health care item or service for which the individual has paid All Star Anesthesia, LLC Out-of-pocket in full. If All Star Anesthesia, LLC agrees, All Star Anesthesia, LLC will comply with the individual's request unless the

information is needed to provide the individual with emergency treatment or to comply with law. If All Star Anesthesia, LLC does not agree, All Star Anesthesia, LLC will provide an explanation in writing.

18. Out-of-Pocket Payments. If the individual pays out-of-pocket (or in other words, the individual has requested that All Star Anesthesia, LLC not bill the individual's health plan) in full for a specific item or service, the individual has the right to ask that the individual's PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and All Star Anesthesia, LLC will honor that request.
19. Right to Request Confidential Communications. Individuals have the right to request that All Star Anesthesia, LLC communicate with them about medical matters in a certain way or at a certain location. For example, the individual can ask that All Star Anesthesia, LLC only contact individuals by mail or at work. To request confidential communications, individuals must make their request, in writing, to the Department in which their care was provided. The individual's request must specify how or where the individual wishes to be contacted. All Star Anesthesia, LLC will accommodate reasonable requests.
20. Right to Choose Someone to Act for the Individual. If the individual gives someone medical power of attorney or if someone is the individual's legal guardian, that person can exercise the individual's rights and make choices about the individual's PHI. All Star Anesthesia, LLC will use our best efforts to verify that person has authority to act for the individual before All Star Anesthesia, LLC takes any action.
21. Right to a Paper Copy of This Notice of Privacy Practices. Individuals have the right to a paper copy of this Notice of Privacy Practices. Individuals may ask All Star Anesthesia, LLC to give the individual a copy of this Notice of Privacy Practices at any time.

Changes to this Notice of Privacy Practices:

All Star Anesthesia, LLC reserves the right to change this Notice of Privacy Practices and make the new Notice of Privacy Practices apply to PHI All Star Anesthesia, LLC already has as well as any information All Star Anesthesia, LLC receives in the future. The All Star Anesthesia, LLC will post a copy of All Star Anesthesia, LLC current Notice of Privacy Practice at our office. The Notice of Privacy Practices will contain the effective date on the first page, in the top right hand corner. Individuals will be sent information regarding the changes via email or via mail on how they can obtain a new copy. Individuals will be asked to sign off on the new Notice of Privacy Practices at the individual's next scheduled appointment.

Applicable Regulations

- 45 C.F.R. § 164.520