

NOTICE OF PRIVACY PRACTICES

OUR NOTICE OF PRIVACY PRACTICES DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS AND FOR OTHER PURPOSES THAT ARE PERMITTED OR REQUIRED BY LAW. IT ALSO DESCRIBES YOUR RIGHTS TO ACCESS AND CONTROL YOUR PROTECTED HEALTH INFORMATION.

OUR LEGAL DUTY

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

We are required by law to make sure that any medical or health information that we have that identifies you is kept private, and will be used or disclosed only in accord with this Notice of Privacy Practices and applicable law; give you this Notice of our legal duties and our privacy practices; and abide by the terms of the Notice of Privacy Practices that is in effect from time to time.

We reserve the right to change the privacy practices that are described in this Notice of Privacy Practices. We also reserve the right to apply these changes retroactively to Protected Health Information received before the change in privacy practices. You may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of your next appointment, or accessing our website

This notice was published and becomes effective on April 14, 2003.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and health care operations. For example:

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of this facility. These activities include, but are not limited to, quality assessment activities, employee review activities, legal services, licensing, and conducting or arranging for other business activities. We may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for this facility.

Sign In Sheets: We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room.

Sale of the Practice: If we decide to sell this practice or merge or combine with another practice, we may share your protected health information with the new owners.

With Your Authorization: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing.

Family and Friends: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

Public Benefit: We may use or disclose your protected health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law;
- For public health activities, including reporting of disease, injury or disability;
- For reporting of communicable diseases;
- To health oversight agencies;
- To report child abuse or neglect or to report if you have been a victim of abuse, neglect or domestic violence;
- To the military and to federal officials for conducting national security and intelligence activities;
- To the Food and Drug Administration;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our

- premisses, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To coroners, medical examiners, and funeral directors;
- In connection with certain research activities;
- To avert a serious threat to health or safety;
- As authorized by state worker's compensation laws; and
- To correctional institutions regarding inmates.

INDIVIDUAL RIGHTS

Access: You have the right to inspect and obtain a copy of your protected health information contained in your medical and billing records and any other records that may be used for making decisions about you, for as long as we maintain the protected health information. You must submit a written request to the Privacy Contact. We may charge a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf.

Confidential Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. We will accommodate reasonable requests as long as there is an alternate address or method of contact and allows us to continue to collect payment. Please make this request in writing to our Privacy Contact.

Amendment: You have the right to request that we amend your protected health information. You must make your request for amendment in writing to our Privacy Contact, and provide the reason or reasons that support your request. We may deny your request for an amendment of any information that:

1. Was not created by us, unless the person that created the information is no longer available to amend the information;
2. Is not part of the protected health information kept by or for us;
3. Is not part of the information you would be permitted to inspect or copy; or
4. Is accurate and complete.

If we deny your request for amendment, we will provide you a written explanation. You have the right to file a written statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

Disclosure Accounting: You have the right to receive an accounting of certain disclosures we have made of your protected health information for purposes other than treatment, payment, health care operations, as authorized by you since April 14, 2003. We will provide you with the date the disclosure was made, the name of the person or entity to which your protected health information was disclosed, a description of the health information that was disclosed and the reason for the disclosure. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Electronic Notice: If you received this notice on our web site or by electronic mail (e-mail) you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice, or in person at our office. [You may obtain a copy of this notice at our website, www.opspecialties.com.]

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you believe we have violated your privacy rights, you may complain to us by using the contact information listed at the end of this notice. You may also submit a written complaint to the Secretary of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We will not retaliate against you in any way for filing a complaint, either with us or with the Secretary.

Contact:

O & P Specialties, Inc.
 Sheila Sauers
 Privacy Officer
 11840 Red Maple Forest Dr.
 Alpharetta, GA 30005
 (678) 393-0103
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