

CLARITY, Inc.

HIPAA PRIVACY PROTECTION NOTICE

NOTICE REGARDING PRIVACY OF PERSONAL HEALTH INFORMATION

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.

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) requires that CLARITY provide you with this Notice Regarding Privacy of Personal Health Information. The Notice describes (1) how CLARITY may use and disclose your protected health information, (2) your rights to access and control your protected health information in certain circumstances, and (3) CLARITY's duties and contact information.

I. Protected Health Information

"Protected health information" is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present, or future mental health; the provision of health care to you; and your past, present, or future payment for health care.

II. The use and Disclosure of Protected Health Information in Treatment, Payment, and Health Care Operations

Your protected health information may be used and disclosed by CLARITY in the course of providing treatment, obtaining payment for treatment, and conducting health care operations. Any disclosures may be made in writing, electronically, by facsimile, or orally. CLARITY may also use or disclose your protected health information in other circumstances if you authorize the use of disclosure, or if state law or the HIPAA privacy regulations authorize the use or disclosure.

Treatment. CLARITY may use and disclose your protected health information in the course of providing or managing your health care as well as any related services. For the purpose of treatment, CLARITY may coordinate your health care with a third party. For example, CLARITY may disclose your protected health information, which may include audiometric test results, speech language evaluation results and/or therapy goals and progress, IQ, achievement or other psychological test results and evaluations, to your primary care physician or another physician who is treating you. In addition, CLARITY may disclose protected health information to other physicians or health care providers for treatment activities of those other providers.

Payment. When needed, CLARITY will use or disclose your protected health information to obtain payment for its services. Such uses or disclosures may include disclosures to your health insurer to get approval for a recommended treatment or to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. When obtaining payment for your health care, CLARITY may also disclose your protected health information to your insurance company to demonstrate the medical necessity of the care or for utilization review when required to do so by your insurance company. Finally, CLARITY may also disclose your protected health information to another provider where that provider is involved in your care and requires the information to obtain payment.

Healthcare Operations. CLARITY may use or disclose your protected health information when needed for CLARITY's health care operations for the purposes of management or administration of CLARITY and of offering quality health care services. Health care operations may include: (1) quality evaluations and improvement activities; (2) employee review activities and training programs; (3) accreditation, certification, licensing, or credentialing activities; (4) reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance programs; and (5) business management and general administrative activities. For instance, CLARITY may use, as needed, protected health information of patients to review their treatment course when making quality assessments regarding allergy care or treatment. In addition, CLARITY may disclose your protected health information to another provider or health plan for their health care operations.

Other Uses and Disclosures. As part of treatment, payment, and healthcare operations, CLARITY may also use or disclose your protected health information to: (1) remind you of an appointment; (2) inform you of potential treatment alternatives or options; or (3) inform you of health-related benefits or services that may be of interest to you; (4) raise funds for our non-profit agency's operations (you will have the opportunity to let us know you do not want to receive future communication of this type).

III. Additional uses and Disclosures Permitted Without Authorization or An Opportunity to Object

In addition to treatment, payment, and health care operations, CLARITY may use or disclose your protected health information without your permission or authorization in certain circumstances, including:

When Legally Required. CLARITY will comply with any Federal, state, or local law that requires it to disclose your protected health information.

When There Are Risks to Public Health. CLARITY may disclose your protected health information for public health purposes, including to, as permitted or required by law:

- (1) Prevent, control, or report disease, injury, or disability;
- (2) Report vital events such as birth or death;
- (3) Conduct public health surveillance, investigations, and interventions;
- (4) Collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs, or replacements, and conduct post marketing surveillance;
- (5) Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease; and
- (6) Report to an employer information about an individual who is a member of the workforce.

To Report Abuse, Neglect, or Domestic Violence. As required or authorized by law with the patient's agreement, CLARITY may inform government authorities if it is believed that a patient is the victim of abuse, neglect, or domestic violence.

To Conduct Health Oversight Activities. CLARITY may disclose your protected health information to a health oversight agency for use in (1) audits; (2) civil, administrative, or criminal investigations, proceedings or actions; (3) inspections; (4) licensure of disciplinary actions; or (5) other necessary oversight activities as permitted by law. However, if you are the subject of an investigation, CLARITY will not disclose protected health information that is not directly related to your receipt of health care or public benefits.

For Judicial and Administrative Proceedings. CLARITY may disclose your protected health information for any judicial or administrative proceeding if the disclosure is expressly authorized by an order of a court or administrative tribunal as expressly authorized by such order or a signed authorization is provided.

For Law Enforcement Purposes. CLARITY may disclose your protected health information to a law enforcement official for law enforcement purposes when:

- (1) Required by law to report of certain types of physical injuries;
- (2) Required by court order, court-ordered warrant, subpoena, summons, or similar process;
- (3) Needed to identify or locate a suspect, fugitive, material witness, or missing person;
- (4) Needed to report a crime in an emergency situation;
- (5) You are the victim of a crime in specific limited instances; and
- (6) Your death is suspected by CLARITY to be the result of criminal conduct.

For Research Purposes. CLARITY may use or disclose your protected health information for research if such use or disclosure has been approved by an institutional review board or privacy board that has examined the research proposal and the research protocols which maintain the privacy of your protected health information.

To Prevent or Diminish a Serious and Imminent Threat to Health or Safety. If in good faith CLARITY believes that use or disclosure of your protected health information is necessary to prevent or diminish a serious and imminent threat to your health or safety or to the health and safety of the public, CLARITY may use or disclose your protected health information as permitted under law and consistent with ethical standards of conduct.

For Specified Government Functions. As authorized by the HIPAA privacy regulations, CLARITY may use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services

for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

For Worker's Compensation. CLARITY may disclose your protected health information to comply with worker's compensation laws or similar programs.

IV. Uses and Disclosures Permitted With an Opportunity to Object. Subject to your objections, CLARITY may disclose your protected health information (1) to a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your care or payment related to your care; or (2) when attempting to locate or notify family members or others involved in your care to inform them of your location, condition or death. CLARITY will inform you orally or in writing of such uses and disclosures of your protected health information as well as provide you with an opportunity to object in advance. Your agreement or objection to the uses and disclosures can be oral or in writing. If you do not object to these disclosures, CLARITY is able to infer from the circumstances that you do not object, or CLARITY determines, in its professional judgment, that it is in your best interests for CLARITY to disclose information that is directly relevant to the person's involvement with your care, then CLARITY may disclose your protected health information. If you are incapacitated or in an emergency situation, CLARITY may exercise its professional judgment to determine if the disclosure is in your best interests and, if such a determination is made, may only disclose information directly relevant to your health care.

V. Uses and Disclosures Authorized by You

Other than the circumstances described above, CLARITY will not disclose your health information unless you provide written authorization. You may revoke your authorization in writing at any time except to the extent that CLARITY has taken action in reliance upon the authorization.

VI. Your Rights

You have certain rights regarding your protected health information under the HIPAA privacy regulations. These rights include:

The right to inspect and copy your protected health information. For as long as CLARITY holds your protected health information, you may inspect and obtain a copy of such information included in a designated record set. A "designated record set" contains medical and billing records as well as any other records that your physician and CLARITY uses to make decisions regarding the services provided to you. CLARITY may deny your request to inspect or copy your protected health information if CLARITY determines in its professional judgment that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referred to in the information. You have the right to request a review of this decision.

In addition, you may not inspect or copy certain records by law; including: (1) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and (2) protected health information that is subject to a law that prohibits access to protected health information. You may have the right to have a decision to deny access reviewed in some situations.

You must submit a written request to the CLARITY Privacy Officer to inspect and copy your health information. CLARITY may charge you a fee for the costs of copying, mailing, or other costs incurred by CLARITY in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record at the number given on the last pages of this Notice.

The right to request a restriction on uses and disclosures of your protected health information. You may request that CLARITY not use or disclose specific sections of your protected health information for the purposes of treatment, payment, or health care operations. Additionally, you may request that CLARITY not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice. In your request, you must specify the scope of restriction requested as well as the individuals for which you want the restriction to apply. Your request should be directed to the CLARITY Privacy Officer.

CLARITY may choose to deny your request for a restriction, in which case the CLARITY will notify you of its decision. Once CLARITY agrees to the requested restriction, CLARITY may not violate that restriction unless use or disclosure of the relevant information is needed to provide emergency treatment. CLARITY may terminate the agreement to a restriction in some instances.

The right to request to receive confidential communications from CLARITY by alternative means or at an alternative location. You have the right to request that CLARITY communicates with you through alternative means or at an alternative location. CLARITY will make every effort to comply with reasonable requests. However, CLARITY may condition its compliance by asking you for information regarding the procurement of payment or specific information regarding an alternative address or other method of contact. You are not required to provide an explanation for your request. Requests should be made in writing to the CLARITY Privacy Officer.

The right to request an amendment of your protected health information. During the time that CLARITY holds your protected health information, you may request an amendment of your information in a designated record set. CLARITY may deny your request in some instances. However, should CLARITY deny your request for amendment, you have the right to file a statement of disagreement with CLARITY. In turn, CLARITY may develop a rebuttal to your statement. If it does so, CLARITY will provide you with a copy of the rebuttal. Requests for amendment must be submitted in writing to the CLARITY Privacy Officer. Your written request must supply a reason to support the requested amendments.

The right to request an accounting of certain disclosures. You have the right to request an accounting of CLARITY disclosures of your protected health information made for purposes other than treatment, payment or health care operations as described in this Notice. CLARITY is not required to account for disclosures (1) which you requested, (2) which you authorized by signing an authorization form, (3) for a facility directory, (4) to friends or family members involved in your care, and (5) certain other disclosures CLARITY is permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer and should state the time period for which you wish the accounting to include, up to a six-year-old period. CLARITY is not required to provide an accounting for disclosures that take place prior to April 14, 2003. CLARITY will not charge you for the first accounting you request of any 12-month period. Subsequent accountings may require a fee based on CLARITY's reasonable costs for compliance of the request.

The right to obtain a paper copy of this notice. CLARITY will provide a separate paper copy of this Notice upon request even if you have already been given a copy of it or have agreed to review it electronically. You may also get a copy from our website, www.Clarityupstate.org.

VII. CLARITY Duties

CLARITY is required to ensure the privacy of your health information and to provide you with this Notice of your rights and CLARITY duties and procedures regarding your privacy. CLARITY must abide by the terms of this Notice, as may be amended periodically. CLARITY reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that CLARITY collects and maintains. If CLARITY alters its Notice, CLARITY will provide a copy of the revised Notice through regular mail or in-person contact.

VIII. Complaints

If you believe that your privacy rights have been violated, you have the right to relate complaints to CLARITY and to the Secretary of the Department of Health and Human Services. You may provide complaints to the CLARITY Privacy Officer. CLARITY encourages you to relate any concerns you may have regarding the privacy of your information and you will not be retaliated against in any way for filing a complaint.

IX. Contact Person

The CLARITY contact person regarding the CLARITY duties and your rights under the HIPAA privacy regulations is the Privacy Officer. The Privacy Officer can provide information regarding issues related to this Notice by request. Complaints to the CLARITY should be directed to the Privacy Officer at the following address:

Stephen T. Guryan
Clarity, Inc
29 North Academy
Greenville SC 29601

The Privacy Officer can be contacted by telephone at (864) 331-1400.

X. Effective Date: This notice is effective on April 14, 2003