

For Healthcare Operations. *For example:* Quality improvement teams may use information in your health record to assess the care and outcomes in your case and others like it. Since education is an important part of our Mission, we frequently have students and interns from universities involved in your care and treatment.

We require these business associates to appropriately safeguard the privacy of your information.

To Business Associates: Certain aspects of our services are performed through contracts with other persons or companies, such as billing, transcription, auditing, legal services, etc.

For Payment. *For example:* A bill may be sent to you or a third-party payer. The information on, or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. Our billing company makes patient demographic information accessible to all subscribers of its system.

For appointments and services: We may contact you to provide appointment reminders or information about treatment alternative(s) or other health related benefits and services that may be of interest to you.

OTHER PERMITTED USES AND DISCLOSURES

For research purposes we will generally seek your authorization. However in some situations an Institutional Review Board or Privacy Board may review a research proposal and grant a waiver of authorization under established standards set by law to ensure the privacy of your information.

To family and friends involved in your care: Health professionals using their professional judgment may disclose to a family member, close personal friend or persons you identify, information that is relevant to that person's involvement in your care or payment related to your care. We may use or disclose information to assist in notifying a family member, personal representative or other person responsible for your care, information about your location and general condition.

For Further Information or Assistance

If you have questions, would like to exercise one of your specific rights or would like additional information you may contact the Integrated Corporate Health's Privacy Officer as noted below. If you believe your privacy rights have been violated you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. We welcome your comments.

Secretary

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Privacy Officer

Integrated Corporate Health
2403 Sidney Street, Suite 220B
Pittsburgh, PA 15203
412-481-1644



Integrated Corporate Health

Notice of Privacy Practices

Integrated Corporate Health.

Effective Date February 1, 2009

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOU

The staff of Integrated Corporate Health has a simple Mission: they are committed to helping companies improve their overall health status of their employees. We do so by providing quality health testing and follow-up education to help individuals make informed decisions about their healthcare options. In order to be successful, these efforts require the usage and disclosure of health information.

We understand that medical information about you and your health is personal. We are committed to using and disclosing health information about you responsibly as we focus on our Mission. This Notice of Privacy Practices describes the health information we collect and how and when we use and disclose that information. It also describes your rights as they relate to your health information.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- **Obtain a paper copy of this Notice** upon request, even if you have received it electronically or from our website at www.icorphealth.com
- **Inspect and copy your health record by using a written request form.** We may charge you a reasonable fee for copying the information and for postage

- **Complete a written request for an amendment of your health record.** We are not obligated to make all requested amendments but we will give each request careful consideration
- **Obtain an accounting of certain disclosures** of your health information. We may charge a reasonable fee for more than one accounting in a 12 month period.
- **Make a written request for confidential communications** of your health information by alternative means (e.g. fax versus mail) or at alternate locations (e.g. office versus home)
- **Request a restriction on certain uses and disclosures** of your information by completing a request form. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate
- **Provide written authorization** for uses and disclosures not otherwise permitted by law
- **Revoke your authorization** to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your health information according to law
- Provide you with this Notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

We reserve the right to change our practices and to make new provisions effective for all information we have about you. We will post the current Notice in our offices and on our website at www.icorphealth.com. We will provide copies of the current Notice in effect upon your request.

We will not use or disclose your health information without your authorization, except as described in this Notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

USE AND DISCLOSURE INFORMATION

Joint Electronic Medical Record.

Integrated Corporate Health uses a web-based database to store your information for further use. Your protected health information contained in the electronic medical record system may be accessed by ICH employees and associates to the extent permitted by federal and state law including the HIPAA privacy regulations.

For Healthcare and Treatment. *For example:* Doctors, nurses and other professionals involved in your care will use information in your medical record to plan a course of treatment for you that may include procedures, medication, tests, etc. We may give information to your health plan or other providers to arrange referrals, consultations and coordination of care.