CPRx Incorporated NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. CPRx is required by law to protect your health information for privacy and confidentiality. Please read it carefully.

We May disclose your health information regarding:

Treatment- to other healthcare professionals within our practice.

<u>Payment</u>- to insurance companies regarding payment or health care operations. <u>Workers Compensation</u>- to comply with State Workers' Compensation Laws. <u>Emergencies</u>- to notify or assist your family/responsible person in case of injury or death.

<u>Public health</u>- to public authorities for purposes of preventing/controlling disease, child abuse, reactions to medicines, and reporting disease or infection, for example. <u>Judicial and Administration Proceedings</u>-

<u>Law Enforcement</u>- to identify a fugitive, material witness or missing person, subpoenas.

Deceased Persons- to coroners or medical examiners.

<u>Organ Donation</u>- to organizations that procure, bank or transplant organs and tissues. <u>Research</u>- to researchers for research approved by an Institutional Review Board. <u>Public Safety</u>- to persons preventing imminent threat to the public's health or safety. <u>Specialized Government Agencies</u>- to military, national security, prisoner and government benefits purposes.

<u>Marketing</u>- we may contact you for fundraising or marketing purposes. Change <u>of Ownership of this practice</u>- to mergers or new owners.

Your Health Information Rights- you may review your health info, request restrictions and disclosures, have alternative communication methods of your information, can amend your health information, receive full accounting of health info, and have a paper copy of this document after signature. CPRx Incorporated can deny or not amend upon your request via a formal explanation.

<u>Changes to this Notice of Privacy Practices</u>- CPRx Incorporated can amend this document. If you have questions regarding anything in this document you can contact the Office Manager at 562-799-4494 or make a personal appointment within 2 working days.

<u>Complaints</u>- address the Office Manager or make a personal appointment within 2 days. Further complaints can be directed to DHHS, Office of Civil Right, 200 Independence Ave, S.W., Room 509F HHH Bldg, Washington DC 20201.

I have read the Privacy Notice and understand my rights and authorize CPRx Incorporated to use and disclose my protected health care information for treatment, payment, and healthcare operations as described above.

Patient's Name (print) Patient's Signature CPRx Officer Signature

A more thorough explanation is available form the staff. You have 48 hours to review it. If you understand and agree with both documents you need not reply