

PRIVACY NOTICE

LONG BEACH CENTER FOR CLINICAL RESEARCH 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. PLEASE REVIEW IT CAREFULLY.

WHO DOES THIS NOTICE APPLY TO?

Long Beach Center for Clinic Research (LBCCR) provides health care and research services to our patients and clients in partnership with other professionals and organizations. The privacy practices in this notice will be followed by all employees and staff and any business associates with whom we share health information.

OUR RESPONSIBILITY

We understand that medical information about you is personal. We are committed to protecting the privacy of your medical information. We will and are required to:

- Keep your medical information private
- Provide you with a copy of this notice.
- Follow the terms of this notice.
- Notify you if we are unable to agree to a restriction that you have requested.
- Accommodate reasonable requests by you for us to communicate health information by alternative means or at alternative locations.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

We may use and disclose medical information about you for your treatment (such as sending medical information to a specialist as part of a procedure that needs to be done); to obtain payment for treatment (sending billing information to your insurance company or Medicare, if applicable); and to support our health care operations.

This Center serves as a study site in connection with certain clinical trials. We may review your medical record from time to time to determine whether

you may be eligible to participate in certain studies in which you would then have access to certain experimental treatments. Only our clinicians, employees or other members of our workforce will review your medical record during these reviews and none of your protected health information will be disclosed to third parties without your specific authorization.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

We will use your health information for treatment: Information received by a nurse, physician, or other member of our staff will be recorded in your record and used to determine your course of treatment. If you are part of a research study, we may provide your physician or healthcare provider with copies of reports to assist him or her in treating you once you have completed the study.

We will use your health information for payment (only if you are a private patient): Your billing information is sent to our billing agent for processing. Information accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used in your treatment.

We will use your health information for regular health care operations: Members of the medical staff or quality assurance staff may review your medical records in an effort to improve the quality and effectiveness of the healthcare and services we provide. We may also review your records to see if you are suitable for future research studies that may benefit your condition.

HOW WILL MY INFORMATION BE USED

- We may contact you for appointment reminders and test results by phone or by fax unless you direct us otherwise.
- We may contact you to see if you are interested in participating in a future research study.
- Unless you direct us otherwise, we may release medical information about you to a family member, friend, or any other person involved in your medical care.
- We may use or disclose medical information about you without your prior authorization for several other reasons:

Research: We may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process through an institutional review board.

Law: We may disclose medical information when required by law.

Public Health: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, abuse or neglect as required by law.

Business Associates: There are some services provided in our organization through contracts with business associates. To protect your health information we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your general condition.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events.

Workers' Compensation: We may disclose health information necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.

State Requirement: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

OTHER USES OF MEDICAL INFORMATION

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing medical information about you. If you choose to authorize us to use or disclose your health information, you can later revoke that authorization by notifying us in writing of your decision. We will comply with your revocation except to the extent that action has already been taken by us upon an authorization previously given to us.

YOUR RIGHTS REGARDING MEDICAL INFORMATION

Although your health record is the property of this clinic, you have the right to:

- Request a restriction, in writing, on certain uses or disclosures of your medical information for treatment, payment or health care operations, with the exception of emergency situations. We will

consider your request, but we are not legally required to agree to a requested restriction. We will inform you of our decision on your request.

- Obtain a paper copy of this notice of our privacy practices upon request.
- Inspect and obtain a copy of your medical information, in most cases. If you are participating in a research study, you will be unable to inspect or obtain copies of your record until the study is completed. A charge may apply for a copy of your medical records.
- Request in writing an amendment to your records if you believe the information in your record is incorrect or important information is missing. We could deny your request to amend a record if the information was not created by us, maintained by us, or if we determine the record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- Obtain an accounting of disclosures stating who and where your health information has been disclosed for purposes other than treatment, payment, or health care operations or where you specifically authorized a use or disclosure in the past six (6) years. This only applies to disclosures after April 14, 2003. The request must be in writing and state the time period desired for the accounting. After the first request, there may be a charge.
- Request that medical information about you be communicated to you in a confidential way or at an alternative location but you must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE

We have the right to change this notice at any time. We have the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of this notice in the clinic. The notice will contain the effective date.

COMPLAINTS

If you have questions or would like additional information, or if you believe your privacy rights have been violated, you can contact our Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200

Independence Avenue, S.W. Washington, DC 20201. Filing a complaint will not negatively affect your treatment.

PRIVACY OFFICIAL

Long Beach Center for Clinical Research
2865 Atlantic Avenue #227
Long Beach CA 90806
562-595-9366

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICY

By signing this form, you are acknowledging that Long Beach Center for Clinical Research can use and disclose your protected health information for the purpose of treatment, payment and health care operations. Any other disclosure requires your written consent.

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this acknowledgement, and we encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting this office.

Printed Name

Signature

Date