



MAXIM HEALTHCARE SERVICES, INC.

NOTICE OF PRIVACY AND CONFIDENTIALITY PRACTICES

Effective: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Personal and health information, also known as Protected Health Information (PHI), includes both medical information regarding your care and treatment and individually identifiable personal information. Individually identifiable personal information may include your name, address, telephone number, social security number or other personal information that you provide to us in the course of your treatment. This information may be in electronic, written and/or oral forms when used through out our company.

We understand that your medical and other identifiable information is personal to you, and we are committed to protecting that information. We generally create a record of the care and services that you receive while in our care, in order to monitor the quality of your care and comply with certain legal requirements. These privacy policies will apply to all records created by us while you are in our care. Changes to our privacy practices may occur as new laws and/or regulations become effective. If we revise this policy, we will provide you with a new version if you request one in writing..

How Maxim May Use and Disclose Medical Information About You: Maxim may use and disclose personal and health information about you, without your authorization, for the purposes described below.

Treatment: Maxim may use and disclose personal and health information about you to provide, coordinate or manage your health care by us and other healthcare providers. Maxim may also disclose information about you to other doctors, nurses, technicians, staff and other health care professionals who become involved in your care. **For example:** Maxim may determine that you require the assistance of a Physical Therapist. After we have obtained an order from your physician, we will contact the Therapist and give them the medical and personal information needed to coordinate and provide your care.

Payment: Maxim may use and disclose personal and health information about you to receive payment for services we provide you; or to obtain prior authorizations for proposed treatments **For example:** Maxim may need to provide an insurance company, or federally funded program such as Medicare or Medicaid/Cal with information about your medical condition and the health care you require, in order for Maxim to receive payment for services rendered by Maxim.

Healthcare Operations: Maxim may use personal and health information about you for our own operations. We may also use and disclose your personal and health information to health professionals for educational purposes. These uses are required to run our company and to make sure that all of our patients receive quality care. **For example:** Maxim may use medical information about you to review the services we provide, and the performance of our staff involved in your care. Information about you may also be used to develop programs to meet your needs and the educational requirements of our employees.

Treatment Issues: We may call you with test results or to answer your questions about your care, or use and disclose medical information to inform you about treatment options and alternatives.

Health-Related Benefits and Services: We may use and disclose personal and medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved In Your Care or Payment For Your Care: Unless you object, we may disclose your personal and health information to a relative, friend, or any person identified by you, if these individuals need to know about or are involved in your care or for payment for your care.

Workers Compensation: Maxim may disclose personal and medical information in order to comply with workers' compensation or similar programs.

Public Health, Safety, Disaster Relief, Or To Divert a Threat To Health Or Safety: Maxim may use or disclose your personal and medical information to the extent necessary to avert a serious and imminent threat to your health or safety or the health and safety of others. Maxim may disclose your personal and health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. Any disclosure would only be to someone able to help prevent the threat or injury.

Health Oversight: Maxim may disclose personal and medical information about you to a health oversight agency for activities authorized by law. This may include but is not limited to accrediting body surveys, investigations, inspections, licensure or disciplinary actions.

Legal Proceedings and Law Enforcement: Maxim may disclose your personal and medical information if asked to do so by a law enforcement officer and/or in response to a subpoena, court or administrative order, warrant, discovery request or other lawful process.

Military and National Security: Maxim may disclose personal and medical information about you to authorized military command authorities or federal officials if you are in the armed forces or are a veteran, or as required for lawful intelligence, counterintelligence and other national security activities.

Coroners, Medical Examiners and Funeral Directors. We may disclose your personal and medical information to a coroner or medical examiner if necessary to identify a deceased person or to determine a cause of death, or to a funeral director in connection with the performance of their duties.

Business Associates: Maxim may provide some services through contracts with business associates. To ensure your personal and medical information remains confidential, Maxim require such Business Associates to agree contractually to safeguard your information.

Research; Death; Organ Donation: Maxim may use and disclose personal and medical information about you for research purposes in limited circumstances. However, all such research projects are subject to an approval process, and we will ask your permission if a researcher is to have access to your name, address or other information that identifies you.

Required by Law: Maxim will use or disclose your personal and medical information when we are required to do so by federal, state or local law.

YOUR RIGHTS REGARDING YOUR PERSONAL AND MEDICAL INFORMATION.

Individual Rights: You have the right to access, inspect and obtain a copy of your personal and health information by sending us a written request on a specific form. This right applies to most medical and billing information, but not to certain other types of information, such as psychotherapy notes. You may obtain the required form by using the contact information listed at the end of this notice. Reasonable copying and mailing charges may apply.

We may deny your request to inspect and copy your personal and medical information under certain circumstances. If your request is denied, you may request that it be reviewed by another individual chosen by Maxim (who will not be the same person that denied your request) and we will abide by the outcome of that review.

You have the right to request restrictions on the use and disclosure of your personal and medical information for purposes of treatment, payment or healthcare operations. You also have the right to limit the disclosure of your personal and medical information to someone involved in your care or the payment for your care. Maxim is not required to agree to any requested restriction if we believe that it is in your best interests to permit the use and disclosure of your information. Any restriction request shall be made to the person listed below, and must specify the restriction requested and to whom it is to apply. Even if we agree to a restriction, either you or Maxim can later terminate the restriction.

You have the right to receive confidential communications, or to request specifically that we communicate with you in a certain manner or in a certain location. **For example:** you can ask that we contact you only by phone, or only at home.

You have the right to request the amendment of medical information about you for as long as we maintain the medical information if you believe that the information that we have about you is incomplete or incorrect. You must make a request in writing to the person listed at the end of this notice in order to request an amendment. We may deny your amendment request if it is not in writing or if it is not supported by a reason for the request. We may also deny your amendment request if we believe it is inaccurate, if it involves part of your record that was not created by us, or if the underlying information is accurate and complete. If we amend the information for you, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information. If we deny your request for amendment, you have the right to have your request and our denial added to your record.

Disclosure Accounting: You have the right to an accounting of any disclosures of your personal and medical information made by Maxim. You can request in writing to the contact person indicated below that we provide you with a list of disclosures for purposes other than treatment, payment, and health care operations for a specific time frame that may not be longer than 6 years nor begin prior to April 14, 2003. Your request should indicate the format in which you would like the list produced. Maxim will begin maintaining disclosures for up to six years starting on and after April 14, 2003. If you request this accounting more than once in a 12-month period, then we may charge you a reasonable cost-based fee.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice at any time, either by contacting the person listed below or by requesting one from your local Maxim office or representative. You may also obtain a copy of this notice by visiting our website at www.maxhealth.com.

Changes to this Notice: we reserve the right to change this notice and to make the revised or changed notice effective for medical information that we already have about you, as well as medical information that we may obtain in the future. We will post a copy of the current notice, which will contain its effective date at the top, in each Maxim office and on our website.

QUESTIONS AND COMPLAINTS:

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

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your personal and health information, you may complain to us in writing using the contact information listed at the end of this notice. You may also submit a complaint to the U.S. Department of Health and Human Services.

Maxim supports your right to protect the privacy of your personal and medical information. Maxim will not retaliate and you will not be penalized in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Maxim Healthcare Services, Inc.
Attn: Privacy Officer
7227 Lee DeForest Drive
Columbia, MD 21046

Telephone: 1-866-297-2295
Fax: 410-910-1675
E-mail: HIPAA@maxhealth.com