

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are legally required to protect the privacy and security of your protected health information (PHI). We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. We must provide you with this notice, which explains our practices of how, why and when we use and disclose your PHI, and we must follow the practices described in this notice. However, we reserve the right to change the terms of this notice at any time. Any changes will apply to the PHI we already have. We will post a summary of the most current notice in a prominent location in our office(s) and on our website. Upon request, we will provide you with a copy of the revised notice.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Request A Copy Of This Notice

You have the right to receive a paper or electronic copy of this notice upon request. You may obtain a copy by asking our receptionist on your next visit, by calling and asking us to mail or email a copy to you, or on our website: www.esmit.com. See additional contact information on the next page.

Choose Someone To Act On Your Behalf

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.

We will make sure the person has this authority and can act for you before we take any action.

Your representative will have the ability to exercise your rights under the Privacy Rule for a period of 50 years following the date of your death or for as long as your medical information is available.

Get A Copy Of Your Paper Or Electronic Medical Record

You have the right to inspect and obtain a copy of your PHI that we maintain in our designated record set, for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. You must submit your request in writing, and we will usually respond within 30 days. Our mailing address is on the next page. You can also bring your written request to any of our locations. We may charge you a reasonable fee to fulfil your request.

You may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to review our denial.

Correct Information Within Your Medical Record

Ask us to change or correct information about you. You have the right to request that we amend your PHI that you think is wrong or missing. You must make this request in writing and state the reason for the amendment. We will respond within 60 days of receiving your request.

We may say no if the request is not in writing or does not state the reason for the amendment. We may also deny your request if the information was not created by us unless you provide reasonable information that the person who created it is no longer available to make the amendment; is not part of the record which you are permitted to inspect and copy; the information is not part of our designated record; or is accurate and complete, in our opinion.

Ask Us To Limit The Information We Share

You have the right to request a restriction or limitation of how we use or disclose your PHI for treatment, payment, or health care operations; to persons involved in your care; or for notification purposes as outlined in this notice. Although we

are not required to say yes, if we do agree, we will comply with your request unless the information is needed for emergency treatment. You may not restrict or limit the uses and disclosures that we are legally required or allowed to make.

You have the right to request that we do not bill your health plan for items or services that you pay for, in full, at the time of service, unless the disclosure is required by law.

Get A List Of Whom We've Shared Your Information With

You have the right to request a list of our disclosures of your PHI, except for disclosures for treatment, payment, or health care operations; to you; incident to a use or disclosure outlined in this notice; to persons involved in your care; according to your written authorization; for notification purposes; for national security or intelligence purposes; to correctional institutions or law enforcement officials; as part of a limited data set; that occurred before April 14, 2003, or six years from the date of the request. Your request must be in writing and must state the period for the requested information.

Your first request for a list of disclosures within 12 months will be free. If you request an additional list within 12 months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and allow you to withdraw your request before any costs are incurred.

Ask Us To Contact You In A Different Way

You have the right to request alternative means of communication or receipt of PHI to preserve your privacy. We will accommodate all reasonable requests and will not require you to explain or provide a basis for the request. You may be billed actual costs of accommodating your request. We will deny any requests that will prevent us from submitting claims to your health plan without you providing another method of paying for our services.

File A Complaint If You Think Your Rights Have Been Violated

You have the right to file a written complaint with us or with the Secretary of the Department of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.