

LANDMARK HEALTHCARE, INC. PRIVACY NOTICE

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.

We are required by law to maintain the privacy of “protected health information.” “Protected health information” includes individually identifiable health information, including demographic information, that relates to:

- the past, present, or future physical or mental health or condition of an individual;
- the provision of health care to an individual; or
- the past, present, or future payment for the provision of health care to an individual.

Beyond the requirements of law, we at Landmark understand and respect your right to the confidentiality of your protected health information, and we maintain numerous safeguards to protect your privacy.

As required by law, this notice provides you with information about your rights to access and control your protected health information, and our legal duties and privacy practices, including the types of uses and disclosures we will make of your protected health information.

We are required to abide by the terms of this notice, although we reserve the right to change the terms of this notice from time to time and to make the new notice provisions effective for all protected health information we maintain. You can always request a copy of our most current privacy notice by calling our Customer Service Department at (800) 638-4557, or you can access it on our web site at www.LMHealthcare.com.

How We May Use and Disclose Protected Health Information About You

We are permitted by law to use or disclose your protected health information for purposes of **treatment, payment, and health care operations.**

For Treatment. This means the provision, coordination, or management of your health care and related services, including consultations between health care providers regarding your care, and referrals for health care from one health care provider to another. For example, one of your doctors may ask Landmark to supply copies of records in our possession pertaining to your treatment, or we may need to refer to your records in order to make a referral to an appropriate practitioner.

For Payment. This means activities we undertake to determine and provide the appropriate reimbursement to providers for the health care provided to you, including determinations of eligibility, coverage (including dual coverage), and appropriateness of care, and other utilization review activities. For example, prior to approving health care services, we may need to verify with your employer group or HMO the current eligibility status of you or of your dependents seeking care, and the exact level of benefits available to you through your plan.

For Health Care Operations. This means the support functions of Landmark related to **treatment and payment**, such as quality assurance activities, case management, provider reviews, compliance programs, audits, and business planning, development, management, and administrative activities. For example, we may use your protected health information to evaluate the performance of our providers in caring for you. We may also

combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. If, to accomplish any of these purposes, we engage the services of a third-party “business associate”, we will have a written contract with the business associate containing terms that will safeguard the privacy of your protected health information.

Additionally, we are permitted by law to make the following uses and disclosures of protected health information:

To Individuals Involved in Your Care or Payment for Your Care. Under certain circumstances, we may disclose protected health information about you to family members, friends, or any other persons identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care. We will allow your family or friends to act on your behalf to pick up medical supplies, X-rays, or other similar forms of protected health information, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.

When permitted by law, we may disclose protected health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, to coordinate notification to your family of your location, general condition, or death.

As Required by Law. We may use or disclose protected health information when required by law, limiting this use or disclosure to the relevant requirements of such law.

For Public Health Activities. We may disclose protected health information for public health activities and purposes, which generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products to persons under the jurisdiction of the Food and Drug Administration, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated products;
- to notify people of product recalls, repairs, or replacement;
- to notify a person who may have been exposed to a disease or may otherwise be at risk of contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if the patient agrees or when required by law, or when authorized by law and the patient is incapacitated and thus unable to agree.

For Health Oversight Activities. We may disclose protected health information to a health oversight agency for such authorized activities as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

For Legal Proceedings. We may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For Law Enforcement. We may disclose protected health information:

- in response to a court order, subpoena, warrant, summons, or similar process, or as otherwise required by law;
- in response to a law enforcement official's request, to identify or locate a suspect, fugitive, material witness, or missing person;
- in response to a law enforcement official's request for information about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the individual's agreement;
- to alert law enforcement about a death that we believe may be the result of criminal conduct;
- to alert law enforcement about criminal conduct on our premises; and
- in an emergency, to alert law enforcement to the commission and nature of a crime; the location of the crime or victims; or the identity, description, and location of the person who committed the crime.

To Coroners, Medical Examiners, and Funeral Directors. We may disclose protected health information to a coroner or medical examiner in order, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information about patients to funeral directors as necessary to carry out their duties.

For Organ and Tissue Donation. For organ donors, we may disclose protected health information to organizations that handle organ, eye, or tissue procurement, banking, or transplantation, for the purpose of facilitating organ, eye, or tissue donation and transplantation.

For Research. Under certain circumstances, we may use and disclose protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one treatment to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may, however, disclose protected health information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the protected health information they review does not leave our premises.

To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information when necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. Any disclosure, however, would only be made to someone able to help prevent or lessen the threat.

With Regard to Armed Forces Personnel. We may use and disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. We may also use and disclose the protected health information of individuals who are foreign military personnel to the appropriate foreign military authority.

For National Security and Intelligence Activities; For Protective Services for the President and Others.

We may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law; for the provision of protective services to the President or other authorized persons, or to foreign heads of state; or for the conduct of authorized investigations.

For Workers' Compensation. We may disclose protected health information about you as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law to provide benefits for work-related injuries or illness.

For Health-Related Benefits and Services. We may use and disclose protected health information to contact you to provide information about other health-related benefits or services that may be of interest to you.

To Your Group Health Plan Sponsor. We may disclose protected health information about you to the sponsor of your Group Health Plan, only upon receipt of a certification from the plan sponsor that the plan documents have been amended to provide, among other things, that the sponsor will not use or disclose the information for employment-related actions and decisions.

Other Uses and Disclosures

Except for the situations set forth above, we will not use or disclose your protected health information for any other purpose unless you provide written authorization. You may revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance on your authorization.

Your Rights Regarding Protected Health Information About You

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of protected health information about you for treatment, payment, or health care operations. You also have the right to request restrictions on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will not use or disclose protected health information about you in violation of such restriction, unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate protected health information to you in a certain way or at a certain location if disclosure of all or part of that information could endanger you. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer at the address below, including a statement that other disclosure could endanger you. Your request must specify where or how you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of protected health information about you that may be used to make decisions about your care. Usually, this includes enrollment, payment, claims adjudication, and case management records. There are a few exceptions to the sorts of protected health information available to you, such as psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

To inspect and copy medical information that may be used to make decisions about you, you must make your request in writing to our Privacy Officer at the address below. If you request a copy of the information, we may charge a fee for the costs of copying, postage, and other supplies associated with your request.

In certain very limited circumstances, we may deny your request to inspect and copy, but in those cases, not including those types of exceptions noted above, you have the right to have the denial reviewed. A licensed health care professional who did not participate in the original decision to deny will be designated by Landmark to review the denial. We will comply with the outcome of the review.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, you must make your request in writing to our Privacy Officer at the address below. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to amend protected health information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by Landmark;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of protected health information about you within the six years prior to the date on which you request the accounting, or such shorter time period as you request. There are some few exceptions to the disclosures we must account for. Examples include disclosures to carry out treatment, payment, and health care operations; those made to you; those made pursuant to an authorization by you; those made for national security or intelligence purposes; and those that occurred prior to April 14, 2003.

To request this list or accounting of disclosures, you must make your request in writing to our Privacy Officer at the address below. Your request should indicate in what form you want the list (for example, on paper, or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, you must make your request in writing to our Privacy Officer at the address below.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Landmark or with the Secretary of the U.S. Department of Health and Human Services. You may contact the Secretary at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: (877) 696 – 6775
(202) 619 – 0257
HHSMail@hhs.gov

To file a complaint with Landmark, contact our Privacy Officer at the address below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Privacy Officer

Laurie Borgerding Johnson
CareCore National
400 Buckwalter Place Blvd.
Bluffton, SC 29910

PrivacyOfficer@CareCoreNational.com

Effective Date

This notice is effective April 14, 2003.