

GASTROENTEROLOGY ASSOCIATES, INC.

44 West River Street, 2nd Floor

Providence, RI 02904

401-274-4800 γ 401-454-0410 fax

NOTICE OF HEALTH INFORMATION POLICIES

1. Gastroenterology Associates, Inc. may use and disclose protected health information for treatment, payment and healthcare operations. Examples of these include, but are not limited to, requested school, or sports physicals, referral to nursing homes, foster care homes, home health agencies and/referrals to other providers for treatment. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers or collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance including auditing records.
2. Gastroenterology Associates, Inc. is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. Some examples include public health requirements, court orders, workman's compensation, national security, or military command authorities.
3. Gastroenterology Associates, Inc. will not make any other use or disclosure of a patient's protected health information without the individual's written authorization. Such authorization may be revoked at any time. Revocation must be written.
4. Gastroenterology Associates, Inc. may at times contact the patient to provide appointment reminders or information regarding treatment alternatives or other health-related benefits and services that may be of interest to the individual patient.
5. Gastroenterology Associates, Inc. will abide by the terms of this notice or the notice currently in effect at the time of the disclosure.
6. Gastroenterology Associates, Inc. reserves the right to change the terms of its notice and to make new provisions effective for all protected health information that it maintains.
7. Gastroenterology Associates, Inc. will provide each patient with a copy of any revisions of its Notice of Information Policies at the time of his/her next visit, or at his/her last known address, if there is a need to use or disclose any protected health information of the patient. Copies also may be obtained at any time at our offices.
8. If you believe your privacy rights have been violated, you may file a complaint with the practice by contacting Brett Kalmowitz, MD, Compliance Officer, Gastroenterology Associates, Inc., 44 West River Street, 2nd Floor, Providence, RI 02904. You may also file a complaint with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.
9. It is Gastroenterology Associates, Inc.'s policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.
10. The name, title and telephone number of a person in the office to contact for further information is Brett Kalmowitz, MD, Compliance Officer at 401-274-4800.
11. The effective date is November 29, 2007.

I understand that as part of my healthcare, Gastroenterology Associates, Inc. originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third party payer can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.