



NOTICE OF PRIVACY PRACTICES

As required by the Health Insurance Portability and Accountability Act (HIPAA)

A. OUR COMMITMENT TO YOUR PRIVACY

Geriatric Review is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of the health information that identifies you and to provide you with this notice of our legal duties and the privacy practices. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your medical information
- Your privacy rights regarding the use of this information
- Our obligations concerning the use and disclosure of this information

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE

Please use the contact information provided on www.GeriatricReview.com

C. HOW WE USE AND DISCLOSE YOUR MEDICAL INFORMATION

- Annual Reminders- - we may contact you and remind you of your annual renewal, using the answering machine if you have one.
- Treatment Options- we may inform you of potential treatment options
- Health-Related Services- we may inform you of health-related benefits or services that may be of interest to you.

D. USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

1. Lawsuits and Similar Proceedings- We may use and disclose your medical

- information in response to a court or administrative order, a lawsuit, a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain a court or administrative order protecting the information the party has requested.
2. Law Enforcement- We may release medical information if asked to do so by a law enforcement official regarding a crime victim, a death we believe has resulted from criminal conduct or criminal conduct at our offices. We will respond to a warrant, summons, court order or subpoena to identify or locate a suspect, material witness, fugitive or missing person.
 3. Deceased Patients- Our Company may release medical information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
 4. National Security- Our Company may disclose your information to federal officials for intelligence and national security activities authorized by law. We also may disclose your information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

E. YOUR RIGHTS REGARDING YOUR MEDICAL RECORDS

- You have the following rights regarding the medical information that we maintain about you. In all cases you must make a written request to Geriatric Review specifying the restrictions that you require. All unusual requests will be reviewed by our compliance officer to determine the reasonableness of the request.
1. Confidential Communications- You have the right to request that Geriatric Review communicates with you about your health and related issues in a particular manner or at a certain location. You do not need to give a reason for this request.
 2. Amendment- You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by Geriatric Review. You must provide us with a reason that



supports your request for amendment

The terms of this notice apply to all records containing your medical information that are created or retained by Geriatric Review. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we have created or maintained in the past, and for any of your records that we may create or maintain in the future. Geriatric Review will post a copy of our current Notice at www.GeriatricReview.com. You may request a mailed copy of our most current Notice at any time.

(Signature)

(Witness)

(Interpreter, if necessary)

(Date)