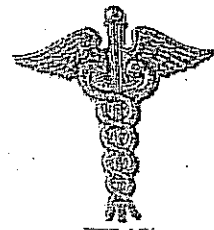




Advanced Medical Solutions

54 East Oakland Avenue • Doylestown, Pa 18901

Phone 215-348-4002 • Fax 215-348-4910



HIPPA NOTICE OF PRIVACY PRACTICES

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.

1. OUR LEGAL DUTIES

1. We are required by law to maintain privacy of your health information and to provide you with a copy of this notice.
2. We are required to abide by this notice.
3. We reserve the right to amend this notice at any time, provided if law permits the changes. The new notice provisions will be applicable to all of your health information even if it was created prior to the change in the notice. Before we make an important change in our privacy practices, we will change this notice and provide you with an amend copy upon request.

2. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

For Treatment: The health care professionals will have access to your medical information in order to provide you with care; this includes doctors, nurses, medical students or others responsible for your treatment. We may also share medical information about you to your other health care providers in order to assist them in your treatment.

For Billing: We may use and disclose your medical information for payment purposes. Bills accompanied with relevant information may be sent to you, your insurance company, or lawyer.

For Health Care Operations: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting accreditation, certificates, licenses and credentials we need to serve you.

3. WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION UNDER THE FOLLOWING CIRCUMSTANCES WITHOUT OBTAINING YOUR PRIOR CONSENT OR AUTHORIZATION:

For Treatment, Payment or Healthcare Operations See Above!

To Notify and/or Communicate with your Family: Unless you tell us you object, we may use or disclose your health information to notify or help notify your family, personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family or others. We will also use our best judgment to make decisions about allowing someone to pick up medicine, medical supplies, x-rays or medical information on you.

For Public Health Purposes: We may use or disclose your health information to provide information to state or federal public health authorities, as required by law to prevent and control disease, injury or disability; report child abuse or neglect; report domestic violence; We have the right to report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

Health Oversight Activities: We may use or disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

In Response to Subpoenas or Judicial and Administrative Proceedings: We may use or disclose your health information in the course of any administration or judicial proceeding.

To Law Enforcement Personnel: We may use or disclose your health information to a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person or comply with a court order or other law enforcement purposes.