

PULMONARY PROVIDERS GROUP, INC.

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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. If you have any questions about this Notice please contact our Privacy Contact who is JERZY FISZER. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by if applicable, accessing our website (www.pulmonarprovidersgroup.com), calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Understanding Your Health Record Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a: • basis for planning your care and treatment, • means of communication among the many health professionals who contribute to your care, • legal document describing the care you received, • means by which you or a third-party payer can verify that services billed were actually provided, • a tool in educating health professionals, • source of data for medical research, • source of information for public health officials charged with improving the health of the nation, • source of data for facility planning and marketing a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve, • ensure its accuracy, • better understand who, what, when, where, and why others may access your health information, • make more informed decisions when authorizing disclosure to other.

Your Health Information Rights Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to: Access: You have the right to inspect, look at, or get copies of your PHI except as prohibited by law. You may request that we provide copies in a format other than photocopies. We will use the form you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access during normal business hours by sending us a letter to the address at the end of this Notice. We reserve the right to charge a reasonable administrative fee for copying your PHI. We may deny your request to inspect and copy in certain circumstances. If we deny your request for review or copy of your PHI, we will explain the reason in writing. If we do not have your PHI, but know who does, we will tell you whom to contact. If you are denied access to certain protected health information, to the extent required by applicable law, you may request that the denial be reviewed. Some types of records may be denied to you and no review is allowed, such as information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding. If applicable law requires such review, another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. **Disclosure Accounting:** Once every 12 months, you have the right to receive a free list of instances in which we or our Business Associates disclosed your PHI for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but may not include dates before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will respond to your request within a reasonable period of time, but no later than 60 days after we receive your written request; provided, however, that we may extend the 60 day period for an additional 30 days. **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for it. All such requests must be in writing. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Upon receipt, we will review your request and notify you whether we have accepted or are denied your request. Your PHI is critical for providing you with quality care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care. **Alternative Communication:** You have the right to request that we communicate with you about your PHI in a confidential manner. For example, you may request that we send your PHI by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. We will accommodate reasonable requests, unless they are administratively too burdensome or prohibited by law.

Amendment: You have the right to request that we amend your PHI. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances, including the failure to make such request in writing or a writing that does not support the request. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. **Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Our Responsibilities This organization is required to: • maintain the privacy of your health information, • provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, • abide by the terms of this notice, • notify you if we are unable to agree to a requested restriction, • accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We will not use or disclose your health information without your authorization, except as described in this notice. If you believe your privacy rights have been violated, you can file a complaint with our Privacy Contact or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Contact, JERZY FISZER at 847 824-0500 for further information about the complaint process.

USES AND DISCLOSURES OF HEALTH INFORMATION We use and disclose PHI about you for "treatment, payment, and healthcare operations. "Protected health information" or "PHI" for short, is information that identifies you and relates to, your past, present or future physical or mental health or condition, the provision of healthcare to you, or past, present or future payment for the provision of healthcare to you. PHI does not include information about you that is publicly available, or that is in summary form that does not identify who you are. We restrict access of your PHI to those employees and contracted vendors who need access in order to provide services to our patients. We have established and maintain appropriate physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure. We have established a training program that our employees and contracted personnel must complete and update from time to time. We have established a Privacy Office, which has overall responsibility for developing, training and overseeing the implementation and enforcement of policies and procedures to safeguard your PHI against inappropriate access, use and disclosure.

Examples of Disclosures for Treatment, Payment, and Health Operations We will use your health information for treatment. For example: Information obtained by a therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We will use your health information for regular health operations. For example: Members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. **Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include our billing service and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. **Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. **Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. **Funeral Directors:** we may disclose health information to funeral directors consistent with applicable law to carry out their duties. **Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant. **Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. **Food and Drugs Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement. **Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. **Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public. If you believe your privacy rights have been violated, you can file a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, Illinois 60601, Voice Phone (312) 886-2359, Fax (312)886-1807, or at such other address as the Department of Health and Human Services may designate from time to time. There will be no retaliation for filing a complaint. You may also contact our Privacy Contact, JERZY FISZER at 847 824-0500 for further information about the complaint process. This notice was published and becomes effective on July 31, 2008