

**NOTICE OF PRIVACY PRACTICES**  
UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996  
Effective Date: May 5, 2010

**Colonial Management Group, LP**  
**Orlando, Florida**

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.

**Our Pledge Regarding Your Medical Information**

Colonial Management Group, LP believes that each patient is entitled to the delivery of the highest quality care in an environment that both promotes and respects the confidentiality of all patient-related information. As such, we pledge that we will continuously improve our policies, procedures and systems so that protected health information is properly protected from inadvertent disclosure and/or compromise. We will always release the minimum amount of information necessary to accomplish the stated purpose for the release and, will never release protected health information without your written consent before doing so. We will work to fully comply at all times with local, state and federal guidelines regarding the confidentiality and protection of protected health information.

**Our Legal Duties Regarding Your Medical Information**

Colonial Management Group, LP is committed to full compliance with HIPAA and therefore, with the confidentiality of "protected health information", i.e., the information that is in your medical and/or counseling records. We are required by law to:

- a. Maintain the security and privacy of your health information;
- b. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- c. Abide by the terms of this notice until such time as our privacy practices or the law changes;
- d. Notify you if we are unable to comply with a requested restriction;
- e. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and
- f. Inform you if we are unable to comply with any request you make regarding your protected health information.

**Uses and Disclosures of Your Health Information**

Each time you receive services from Colonial Management Group, LP, clinical and/or medical entries are made in your records. This information is used to insure that care is appropriate, consistent and clinically/medically justified. We will release protected health information to persons or organizations when you direct us to do so but only with your prior written consent. In some limited cases, we might need to release your protected health information to an insurance company or other funding source but such releases would be made only with your knowledge and approval. We may use your health information to evaluate the quality of care that you receive, such as comparing patient data to improve treatment methods.

We may use or disclose identifiable health information about you without your authorization for several other reasons allowed by law or regulation. Subject to certain requirements contained in Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended, and the procedures, limitations, exclusions and exceptions contained in Chapter 42, United States Code, Section

290 dd-2, and Chapter 42, Code of Federal Regulations, Sections 2.1 through 2.67, inclusive, we may give out health information without your authorization for public health purposes, abuse and neglect reporting, auditing purposes, judicial and administrative proceedings, research studies, funeral arrangements and organ donation, workers' compensation purposes, specialized government functions, and emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. We may also initiate face-to-face communication with you about goods and services related to your care. We may also contact you about appointment reminders or treatment alternatives.

Generally, and in other situations, we may ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you may later revoke that authorization to stop any future uses and disclosures.

### **Changes to Our Notice of Privacy Practices**

We may change our policies and this notice at anytime. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area of each treatment center and on our web site. You can also request a copy of our notice at anytime. For more information about our privacy practices, contact person listed below.

### **Your Rights Regarding Your Medical Information**

As a patient at Colonial Management Group, LP, you have the following rights regarding medical information we maintain about you:

- a. The right to inspect and obtain a copy of protected health information in your records;
- b. The right to request amendment of any protected health information that you feel is incorrect, inaccurate or incomplete;
- c. The right to request an accounting of all disclosures of your protected health information;
- d. The right to request an accounting of disclosures and specifically, the right to know who your health information was disclosed to, what information was disclosed and the purpose for the release;
- e. The right to request restrictions or limits on the protected health information we release about you including the type of information we release;
- f. The right to request that we communicate with you confidentially regarding your protected health information or the services we provide to you; and
- g. The right to obtain a paper copy of this notice.

To exercise any of the aforementioned rights, you must submit your request in writing to the Privacy Officer, Colonial Management Group, 8529 SouthPark Circle, Suite 270, Orlando, Florida 32819. We will respond in writing to your request and make every reasonable effort to accommodate your request within the framework of the Act, other applicable laws and regulations and accepted standards of clinical practice. In the event that we grant your request for a copy of your health information, we will charge you \$0.05 for each page that we copy and provide to you.

### **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with the decision we made about access to your records, you should contact the Privacy Officer for Colonial Management Group, LP at the address listed above. If you are not satisfied with our response, you may also submit a written complaint to the U. S. Department of Health and Human Services in Washington, DC. CMG's Privacy Officer can provide you with the appropriate address upon request. You can submit a complaint under HIPAA without fear of retaliation or harassment.

### **Acknowledgment:**

By signing below, I acknowledge that I have received this Notice of Privacy Practices and have been offered an opportunity to request restrictions on certain uses and disclosures of my protect health information.

\_\_\_\_\_  
Signature of patient or patient's representative

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of patient or patient's representative