

NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION

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.

Magnolias Post Mastectomy Boutique doing business as Cheryl Jedele DBA Magnolias (the "Company") is committed to the privacy of your personally identifiable health information and will use strict privacy standards to protect it from unauthorized use or disclosure. This Notice informs you of the Company's privacy practices and of certain rights available to you under applicable federal and state law.

Overview of Policies

The Company is required by law to implement policies designed to ensure the privacy of your personally identifiable health information that is transmitted or maintained by the Company. This Notice refers to such information as Protected Health Information, or "PHI." In addition, the Company is required to make this Notice available to you for the purpose of informing you about:

- The Company's policies regarding its use and disclosure of your PHI; and
- Your privacy rights and other rights with respect to your PHI, including the right to file complaints with the Company or with the Secretary of the United States Department of Health and Human Services.

If you have any questions regarding this Notice or the Company's privacy practices, please contact the Company's Privacy Officer, at 317-831-3220.

Effective Date

The effective date of this Notice, and of the policies described below, is 01/29/2009 (the "Effective Date"). The Company's use or disclosure of your PHI from and after the Effective Date will be governed by the policies described in this Notice.

I. Use and Disclosure of Protected Health Information

A. Required Uses and Disclosures. The Company is required to disclose your PHI as follows:

- (1) The Company is required to permit you to inspect and copy your PHI (with certain exceptions) upon request.
- (2) The Company is required to disclose your PHI upon request to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") in connection with the Secretary's investigation of the Company's compliance with federal privacy regulations.

B. Uses and Disclosures That Are Permitted Without Your Consent or Authorization. The Company is permitted to use and disclose your PHI without obtaining your consent or authorization in connection with certain treatment activities, payment activities, health care operations, and other limited activities described below. This Notice describes how the Company will use or disclose your PHI under such circumstances.

- (1) **Treatment.** Treatment is the provision, coordination or management of health care and related services. The Company may use and disclose your PHI in connection with its own treatment-related activities, such as direct DMEPOS/medical treatment and activities related to continuity and coordination of care and referrals among the physicians and other health care professionals providing you with treatment or consulting in your care. In addition, the Company may disclose your PHI to other health care professionals who are providing you with medical services.
- (2) **Payment.** Payment includes, but is not limited to, the preparation and submission of claims and other actions required to secure payment for health care services provided by the Company or other health care providers (such as billing, claims management, collection activities, participation in reviews for medical necessity and/or appropriateness of care, utilization review and pre-authorization of health care services). The Company may use and disclose your PHI in connection with its own payment-related activities or those of your health care provider(s), other insurer(s) and health plans and other covered entities. For example, the Company may use your PHI to prepare and submit claims for reimbursement by Medicare, Medicaid, and other governmental and commercial third-party payers.
- (3) **Health Care Operations.** Health Care Operations include most of the business operations of the Company related to health care or related services. They may include (a) quality review and improvement programs; (b) reviewing qualifications and competence of health care providers; (c) underwriting, premium rating and other activities related to creating or renewing insurance contracts; (d) case management activities; (e) legal services and auditing; (f) business planning and development; (g) custom fabrication and/or special ordering of devices; and (h) other general business and administrative functions. The Company may use and disclose protected

health information about you as needed for its Health Care Operations and for certain operations of other health care providers, health plans and other covered entities. For example, the Company may use PHI as part of its quality review process, to confirm that the Company and its associated health care providers are providing the highest quality of care to you and other patients.

- (4) **Treatment Alternatives:** Related Benefits and Services. The Company may use your medical information to contact you with appointment reminders and to inform you of (i) possible treatment options or alternatives, or (ii) health-related benefits or services that may be of interest to you.

C. Uses and disclosures that require that you be given a prior opportunity to agree or disagree. The Company is permitted to release your PHI to a close friend, family member or other individual who is involved in your medical care, or who helps pay for your care, if (i) the PHI is directly relevant to the person's involvement with your care or payment for that care, and (ii) you have either agreed to the disclosure or have been given an opportunity to object and have not objected. The Company is not required to give you the opportunity to agree or object to disclosure if your condition would prevent you from doing so and the Company determines that disclosure is in your best interests. The Company may also disclose PHI to notify your family members, personal representative(s) or other person(s) responsible for your care of your location or condition. If you object to the use and disclosure of your PHI as described in this Section C, please notify the Company's Privacy Officer in writing at the address set forth below.

D. Uses and disclosures for which the Company is not required to secure your consent or authorization or provide you with the opportunity to object. Use and disclosure of your PHI is allowed without your consent or authorization, and without giving you the opportunity to object, under the following circumstances:

- (1) When the use or disclosure is required by law.
- (2) When permitted for purposes of public health activities, including reports to public health authorities authorized by law to collect or receive information for the purpose of preventing or controlling disease. The Company is also permitted to use or disclose PHI if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- (3) When authorized by law to report information about abuse, neglect or domestic violence to public authorities, if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Company will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm or such notice would be provided to your personal representative and the Company believes your personal representative may be responsible for the abuse, neglect or domestic violence giving rise to the report.
- (4) The Company may disclose your PHI to a public health oversight agency for health oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure and disciplinary actions; and other activities necessary for appropriate oversight of the health care system or government benefit programs (such as the Medicare and Medicaid programs).
- (5) The Company may disclose your PHI in the course of any judicial or administrative proceeding. For example, your PHI may be disclosed in response to a subpoena or discovery request, subject to certain conditions. One of those conditions is that, if the subpoena or discovery request is not accompanied by a court order, written assurances must be given to the Company that (i) the requesting party has made a good faith attempt to provide written notice to you, together with information sufficient to permit you to raise an objection, and (ii) you did not object or any objections were resolved in favor of disclosure by the court or tribunal.
- (6) When required for law enforcement purposes, as set forth in federal privacy regulations (for example, to report certain types of wounds). The Company may also release certain PHI (i) upon request to law enforcement officials for the purpose of identifying or locating a suspect, material witness or missing person, (ii) about an individual who is or is suspected to be a victim of a crime, if the individual agrees to the disclosure or the Company is unable to obtain the individual's agreement because of emergency circumstances and certain other conditions are met.
- (7) To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or performing other duties, all as authorized by law. The Company may also disclose a decedent's PHI to a funeral director, consistent with applicable law, as necessary for the director to carry out his or her duties with respect to the decedent.
- (8) The Company may use or disclose PHI for research, subject to conditions imposed by federal and state law.
- (9) When consistent with applicable law, if the Company, in good faith, believes the use or disclosure of PHI is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- (10) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

E. Uses and disclosures that require your written authorization. Except as otherwise indicated in this Notice, uses and disclosures of your PHI will be made only with your written authorization. Uses and disclosures requiring your written

authorization may include, for example, the use or disclosure of PHI for marketing purposes. In addition, the Company is generally required to obtain your written authorization before using or disclosing psychotherapy notes about you. Psychotherapy notes are separately-filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. If you authorize the Company to use or disclose your PHI in a manner described in this paragraph, you have the right to revoke that authorization, in writing, at any time. If you revoke your authorization, the Company will thereafter refrain from using or disclosing your PHI in the manner described in the authorization.

II. Your Rights Regarding Protected Health Information

You have certain rights regarding PHI held or maintained by the Company. This section summarizes those rights.

A. Right to Request Restrictions on the Company's Use and Disclosure of PHI. You have the right to request restrictions (in addition to those described in this Notice) on the Company's use and disclosure of PHI under Sections I.B and I.C, above. The Company is not required to agree with your request. If we do agree, we will comply with your request unless the use or disclosure of the PHI in question is required to provide you with emergency treatment. If you wish to request a restriction or limitation on our use or disclosure of PHI, as described in this paragraph, you must make your request in writing to the Company's Privacy Officer at the address listed on the first page. Upon receiving such request, we will notify you if we agree to your requested limitations.

B. Right to Receive Confidential Communications. You have the right to request that you receive communications of PHI from the Company in a certain way or at a certain location. For example you may request that the Company communicate with you only at work or by mail. To make a request for confidential communications, please submit your request in writing to the Company's Privacy Officer at the address listed on the first page. You are not required to provide a reason for your request, and the Company will accommodate all reasonable requests. Please be sure to specify in your request how or where you wish to be contacted.

C. Right to Inspect and Copy Medical Information. Subject to certain limitations, you have the right to inspect and obtain a copy of your PHI. This includes most PHI maintained by the Company, except for psychotherapy notes and information compiled by the Company in anticipation of legal proceedings. If you wish to inspect and copy your PHI, you must submit a request in writing to the Company's Privacy Officer at the address listed on the first page. If you request a copy of PHI, the Company may charge a fee to cover the cost of providing a copy of such information to you. The Company is also permitted to deny your request to inspect and copy PHI under certain very limited circumstances. If we do deny your request, you may (under most circumstances) request that the denial be reviewed, in which event that Company will select a licensed health care professional to review your request and our denial. The Company will thereafter comply with the decision of the reviewing official. The Company will respond to all requests for access to PHI under this paragraph within thirty (30) days by either (i) providing the requested access and/or copies of the requested information; (ii) notifying you in writing of its denial of your request and the reasons for the denial; or (iii) notifying you in writing of its inability to do so and of the date on which you may expect to receive the requested access and/or copies.

D. Right to Amend PHI, You have the right to request that the Company amend PHI if you believe that such information is inaccurate or incomplete. Your request must be in writing and directed to the Company's Privacy Officer at the address listed on the first page. Your request must contain your reason for believing that such information is inaccurate or incomplete. The Company may deny your request for amendment if it determines that the information at issue:

- (1) was not created by the Company, unless you submit evidence providing a reasonable basis to believe that the originator of such PHI is no longer available to make the amendment;
- (2) is not part of the medical information maintained by the Company;
- (3) is not part of the PHI that you have the right to inspect and copy (as described above);
- (4) or is accurate and complete.

The Company will respond to all requests under this paragraph within sixty (60) days by either (a) agreeing to make the requested amendment(s); (b) notifying you in writing of the denial of your request and the reasons for denial; or (c) notifying you in writing of the Company's inability to respond within 60 days and of the date on which you may expect a response. If the Company denies your request, you have (i) the right to submit a written statement disagreeing with our denial, which will become part of your PHI, and (ii) certain additional rights. Your additional rights and the manner in which a statement of disagreement should be submitted will be described in greater detail in the Company's denial of your request.

E. Right to an Accounting of the Company's Use and Disclosure of Your PHI. You have the right to request an "accounting," or list, of all disclosures by the Company of your PHI other than disclosures that are (i) described in Sections I.A(1), I.B, I.C or I.E of this Notice; (ii) made for national security or intelligence purposes; or (iii) made to law enforcement officials. Your request for an accounting must be submitted in writing to the Company's Privacy Officer at the address

listed on the first page. We are not required to list disclosures which took place before the Effective Date or that took place more than six (6) years prior to the date of your request. The Company will respond to all requests under this paragraph within sixty (60) days by either (a) providing you with the requested accounting, or (b) notifying you in writing of the Company's inability to respond within 60 days and of the date on which you may expect a response. If you make more than one request under this paragraph within a twelve (12) month period, the Company will impose a fee to cover its costs in providing the requested information.

F. Right to Paper Copy. You have a right to receive a paper copy of this Notice, even if you have received a copy of this Notice electronically, upon request. If you desire to receive this Notice electronically, you may do so by sending an e-mail to our Privacy office at magnolias217@sbcglobal.net, or by visiting our web site, see www.mymagnolias.com. For a paper copy of this Notice, please submit a request in writing to the Company's Privacy Officer at the address listed on the bottom of this page.

III. Other Requirements with respect to PHI

A. Minimum Necessary Standard. When using or disclosing PHI or when requesting PHI from another covered entity, the Company is required by law to use its reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the "minimum necessary" standard described in this paragraph will not apply in the following situations:

- (1) Disclosures to or requests by a health care provider for treatment;
- (2) Disclosures made to you;
- (3) Disclosures authorized by you;
- (4) Disclosures to the U.S. Department of Health and Human Services; and
- (5) Uses or disclosures that are required by law or for the Company to comply with the law.

B. Personal Representatives. You may generally exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- (1) A power of attorney for health care purposes, notarized by a notary public;
- (2) A court order appointing the person as the conservator or guardian of the individual;
- (3) An individual who is the parent of a minor child; or
- (4) Any other form permitted by State law.

The Company retains discretion to deny access to your PHI to a personal representative to provide protection to those people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

C. De-identified Information. This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

IV. Changes to this Notice

The Company is required by law to maintain the privacy of your PHI and to provide you with this Notice so that you are aware of our obligation to protect such information. For so long as this Notice remains in effect, the Company is required by law to comply with the terms of this Notice.

However, we reserve the right to change this Notice at any time and in any manner that is permitted under applicable law. We also reserve the right to make the new Notice provisions effective for all of your PHI in the Company's possession on the date of any such amendment, as well as for any information the Company thereafter receives or generates. If we change the contents of this Notice, we will promptly post a copy of the revised Notice in a clear and prominent location at the Company and will make the revised Notice available at the Company. In addition, you may always request a copy of the current Notice at any time, as described above.

V. Complaints

You have the right to file a complaint with the Company or with the Secretary if you believe that your privacy rights have been violated. If you wish to file a complaint with the Company, please contact the Company's Privacy Officer at the address listed on the first page. All complaints must be submitted in writing. The Company will not penalize or discriminate against you in any manner if you choose to file a complaint.