

PATIENT PRIVACY POLICY

I. OUR RESPONSIBILITIES TO YOU

We are required by law to:

- Maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.
- Comply with the terms of our Notice currently in effect.

We may change our practices and apply the new practices to health information we maintain, including health information we already have and health information we create or receive in the future.

II. SPECIAL REGULATIONS REGARDING DISCLOSURE OF PSYCHIATRIC, DRUG AND ALCOHOL ABUSE, HIV-RELATED AND ANY OTHER TRANSMITTABLE VIRUS INFORMATION

Special restrictions apply to the release of health information concerning psychiatric conditions, drug and alcohol abuse, HIV-related and any other transmittable virus information. Generally, your specific permission to release this information will be required.

III. HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

A. For Treatment, Payment, or Health Care Operations We may use and disclose your health information as described below without your Authorization or permission:

1. For Treatment.

We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. Your health information may be used by doctors and nurses, as well as by lab technicians, dieticians, physical therapists or other personnel involved in your care, both within our organization and with other health care providers involved in your

care outside the hospital. We may also disclose your health information to persons or facilities that will be involved in your care after you leave Salus Medical Solutions.

2. For Payment.

We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to managed care companies or other insurance companies.

3. For Health Care Operations.

We may use and disclose your health information to review the care you received at Salus Medical Solutions or for our own administrative purposes. For example, we may use your information to train our staff or to improve the services we provide.

B. Other uses and disclosures we may make without your written Authorization or Permission:

1. As Required By Law.

We may disclose your health information when the law requires us to do so.

2. Salus Medical Solutions Directory.

Unless you disagree, we may include your name, your location in the facility, your general condition and your religious affiliation (only to clergy). Our directory does not include specific medical information about you.

3. Persons Involved in Your Care or Payment for Your Care.

Unless you disagree, we may disclose health information about you to a family member, close personal friend or other person you identify (including clergy) who is involved in your care.

4. Health Oversight Activities and Public Health Activities.

We may disclose your health information for public health activities authorized by law or to a government agency responsible for overseeing the health care system.

5. Reporting Victims of Abuse or Neglect.

If we believe that you have been a victim of abuse or neglect, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.

6. Judicial and Administrative Proceedings.

We may disclose your health information in response to a court or administrative order.

7. Law Enforcement.

We may disclose your health information to a law enforcement officer under limited circumstances.

8. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.

We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.

9. Research.

Your health information may be used for research purposes without your authorization, but only after review and approval by our special Review Board.

10. To Avert a Serious Threat to Health or Safety.

When necessary to prevent a serious threat to health or safety, we may use or disclose your health information to someone who can help lessen or prevent the threatened harm.

11. Military and Veterans.

If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities.

12. National Security and Intelligence Activities; Protective Services for the President and Others.

We may use and disclose certain limited information about you to persons who ask for you by name while you are a patient. This may disclose health information to authorized governmental officials conducting national security and intelligence activities.

13. Workers' Compensation.

We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

14. Disaster Relief.

We may disclose health information about you to an organization assisting in a disaster relief effort.

15. Fundraising Activities.

We may use and disclose limited health information such as your name, address, the department where you received services and the dates you received treatment or services to contact you in an effort to raise money for Salus Medical Solutions Foundation. You have the right to opt out of receiving such communications.

16. Appointment Reminders.

We may use or disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Salus Medical Solutions affiliate facilities.

17. Treatment Alternatives and Health-Related Benefits and Services.

We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

18. Business Associates.

We may disclose your health information to a person or company that provides services on our behalf and who has agreed to abide by this Notice.

19. Health Information Exchange.

Your information may be maintained in an electronic health information exchange network.

IV. YOUR WRITTEN AUTHORIZATION/PERMISSION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

1. We will obtain your written Authorization/Permission prior to making any use or release of your information other than as described above. Most uses and disclosures of your protected health information that are made for marketing purposes, sale of your protected health information notes require your written authorization.

2. If you choose to give your permission to disclose your health information, you can later take back your permission in writing to stop any uses and releases after that time, except where we have already made uses and disclosures based upon your earlier permission.

V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

1. Right to Request Restrictions.

You have the right to request that we limit the way we use or disclose your health information for treatment, payment or health care operations. However, we are not legally required to agree to your request except under limited circumstances. For example, we must agree to your request to restrict disclosures about you to your health plan for purposes of payment or healthcare operations that are not required by law, if the information pertains solely to a health care item or service for which you have paid us in full out of pocket.

2. Right to Request Confidential Communications.

You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will make every effort to accommodate your reasonable requests.

3. Right of Access to Personal Health Information.

You have the right to review and, upon written request, obtain a copy of your health information except under certain limited circumstances. Under the law of the Republic of Cyprus, if Salus Medical Solutions makes a copy of your medical record, we will not charge more than €.65 per page, plus postage, plus a reasonable fee if you want x-ray films or tissue samples. There will be no fees if the medical record is required for a Social Security claim/appeal, Worker's Compensation, or is directly information in an electronic format and if you choose we will transmit a copy directly to a health care provider or person designated by you, provided that such choice is clear, conspicuous, and specific. Salus Medical Solutions may impose a fee for providing a copy in an electronic form.

4. Right to Request Amendment.

You have the right to request that we make changes to existing health information or add missing information. Your request must be made in writing and must state the reason for the requested change. We may deny your request under certain circumstances. If we deny your request to make changes, we will give you written notice, including the reasons for the refusal.

In that event, you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record.

5. Right to an Accounting of Disclosures.

You have the right to request an “accounting” of your health information. This is a listing of releases of your health information made by us or by others on our behalf. There may be a fee for the accounting.

6. Right to a Paper Copy of This Notice.

You have the right to obtain a paper copy of this Notice at any time or you may get a copy of the Notice at our website, www.salusmedical.solutions

7. Notification of Breaches of Your Health Information.

You have the right to receive written notification of any breach of your unsecured protected health information as that term is defined under the law.