



HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

**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.**

This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”). It is designed to tell you how we may, under federal law, use or disclose your Health Information.

I. We May Use or Disclose Your Health Information for Purposes of Treatment, Payment or Healthcare Operations without Obtaining Your Prior Authorization and Here is One Example of Each:

We may provide your Health Information to other health care professionals – including doctors, nurses and technicians -- for purposes of providing you with care.

Our billing department may access your information – and send relevant parts – to other insurance companies to allow us to be paid for the services we render to you.

We may access or send your information to our attorneys or accountants in the event we need the information in order to address one of our own business functions.

II. We May Also Use or Disclose Your Health Information Under the Following Circumstances without Obtaining Your Prior Authorization:

To Notify and/or Communicate with your Family. We may use or disclose your Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. You may ask us not to communicate with your family or friends, and ask us not to contact family members in an emergency, but we do not have to agree to your request for a restriction. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others. Even if you object to our communication with your family about your condition, we may contact a family member if necessary to resolve a billing issue. If we do, we will provide them only with the minimum amount of information necessary to attempt to resolve the billing issue.

**HIPAA PROCEDURE:
PROVIDING NOTICE OF PRIVACY PRACTICES**

GENERAL POLICY

A patient has a right to notice of the uses and disclosures of Patient Information that may be made by JACE Systems (the "Supplier"), and of the patient's rights and the Supplier's legal duties with respect to the Patient Information.

The Supplier must provide the notice no later than the date of the first service delivery, including service delivered electronically.

The Supplier must have the notice available at its office(s) for patients to request to take with them and post the notice in a clear and prominent location in each office.

The Supplier must prominently post its notice on any web site it maintains that provides information about the Supplier and make the notice available electronically through the web site.

The Supplier must promptly revise its notice whenever there is a material change to the uses or disclosures, the individual's rights, the Supplier's legal duties, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected.

The Supplier shall retain a representative copy of each notice for six years from the date of distribution.

PROCEDURE:

Initial Patient Contact at Office Location

The Supplier shall hand a copy of the Notice of Privacy Practices to all patients who appear at the Supplier's office location for services on and after April 14, 2003 and to those patients supplier provides services to on a face-to-face basis (e.g., in their home). The Supplier shall mail a copy to any patient who is provided services over the telephone or computer on and after April 14, 2003. The Supplier must only provide a patient with a Notice at his/her first visit on or after April 14, 2003. The Supplier shall make a good faith effort to have each patient acknowledge, in writing, the receipt of a Notice of Privacy Practices. This acknowledgment may take any form, but it is the Supplier's preference that it be a signed statement. If a patient refuses or is incapable of signing an acknowledgment, the Supplier shall document the circumstances and explain why no acknowledgment was obtained.

Parents of Minors and Other Legal Representatives

The parent of a minor who, under the state law where they live, cannot consent to health care shall be asked to sign the acknowledgment for the child. If the Supplier is aware of the identity of a personal representative of an incapacitated adult, the Supplier shall ask that person to sign the acknowledgment. Refer also to Procedure When A Minor Must Be Treated As The "Individual" For Purposes Of HIPAA.

Emergency Services

In an emergency situation, the Supplier shall not be required to provide the Notice of Privacy Practices prior to providing services. However, the Supplier shall provide a copy and, if possible obtain an acknowledgment, as soon as practical after the emergency has ended. This may include mailing a copy to the patient at his/her home.

Hospital Situations

The Supplier shall attempt to enter into an “organized health care arrangement” (“OHCA”) with each hospital (or other licensed facility) at which the Supplier provides services. If the hospital agrees, the Supplier will not need to provide a Notice of Privacy Practices to those patients seen for the first time in the hospital. In the event the hospital refuses to allow the Supplier to participate in an OHCA, the Supplier must adopt a mechanism to provide the Notice to the patients.

Retaining Copies

A copy of the Supplier’s Notice and all acknowledgments shall be retained for six years.

As Required by Law.

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 or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

For Health Oversight Activities. We may use or disclose your Health Information to health oversight agencies during the course of audits, investigations, certification and other proceedings.

In Response to Civil Subpoenas or for Judicial and Administrative Proceedings. We may use or disclose your Health Information, as directed, in the course of any civil administrative or judicial proceeding. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of your Health Information prior to providing it to another person.

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, comply with a court order or grand jury subpoena and other law enforcement purposes.

For Public Safety. We may use or disclose your Health Information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To Aid Specialized Government Functions. If necessary, we may use or disclose your Health Information for military or national security purposes.

For Worker’s Compensation. We may use or disclose your Health Information as necessary to comply with worker’s compensation laws.

To Correctional Institutions or Law Enforcement Officials, if You are an Inmate.

III. For All Other Circumstances, We May Only Use or Disclose Your Health Information

After You Have Signed an Authorization. You have the right to revoke this Authorization to use or disclose your Health Information at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance upon your Authorization.

IV. State Law Impact. To the extent that state law is more restrictive with respect to our ability to use or disclose your Health Information, or to the extent that it affords you greater rights with respect to the control of your Health Information, we will follow state law. This may arise if your Health Information contains information relating to HIV/AIDS, mental health, alcohol and/or substance abuse, genetic testing, among others.

V. You Should Be Advised that We May Also Use or Disclose Your Health Information for the Following Purposes:

Appointment Reminders. We may use your Health Information in order to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.

Change of Ownership. In the event that our Supplier is sold or merged with another organization, your Health Information/record will become the property of the new owner.

VI. Your Rights.

1. You have the right to request restrictions on the uses and disclosures of your Health Information. However, we are not required to comply with your request.
2. You have the right to receive your Health Information through confidential means through a reasonable alternative means or at an alternative location.
3. You have the right to inspect and copy your Health Information. We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary.
4. You have a right to request that we amend your Health Information that is incorrect or incomplete. We are not required to change your Health Information and will provide you with information about our denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your Health Information made by us, except that we do not have to account for disclosures: authorized by you; made for treatment, payment, health care operations; provided to you; provided in response to an Authorization; made in order to notify and communicate with family; and/or for certain government functions, to name a few.
6. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact us using the information provided below.

VII. Our Duties.

We are required by law to maintain the privacy of your Health Information and to provide you with a copy of this Notice.

We are also required to abide by the terms of this Notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information – even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office. We will provide you with another copy, of this Notice at any time, upon request.

VIII. Complaints to the Government.

You may make complaints to the Secretary of the Department of Health and Human Services (“DHHS”) if you believe your rights have been violated.

We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

IX. Contact Information.

You may contact us about our privacy practices by writing or calling the Privacy Officer at:

5 Rockhill Road, Suite 2
Cherry Hill, New Jersey 08003
Phone: (856) 669-6600
Fax: (856) 669-0018

You may contact the DHHS at:

150 S. Independence mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
Telephone: (215) 861-4441
Toll Free: (800) 368-1019

X. Electronic Notice

This Notice of Privacy Practices is available on our web page at www.jacesystems.com.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I hereby authorize JACE Systems (the "Supplier") to release my health information described below to:

Recipient Name:

Recipient Address:

Recipient Telephone Number:

Documents/Information to Be Released:

Purpose of Disclosure (explain or indicate "at the request of the individual"):

I understand that the terms of this Authorization are governed by the Health Insurance Portability and Accountability Act of 1996, and its implementing regulations ("HIPAA"). I understand that I have the right to revoke this Authorization, at any time prior to the Supplier's compliance with the request set forth herein, provided that the revocation is in writing. I further understand that additional information relating to the exceptions to the right to revoke and a description of how I may revoke this Authorization is set forth in the Supplier's Notice of Privacy Practices. I understand that any revocation must include my name, address, telephone number, date of this Authorization and my signature and that I should send it to:

JACE Systems
5 Rockhill Road, Suite 2
Cherry Hill, New Jersey 08034-5038

Attention: Kelli Dezeeuw

I understand that I am not required to sign this Authorization and that the Supplier may not condition treatment on my execution of this Authorization.

I understand that the information used or disclosed pursuant to this Authorization may be subject to redisclosure by the Recipient listed above and, in that case, will no longer be protected by HIPAA.

This Authorization expires upon the Supplier's release of the information described above or [_____] days after the Date of Authorization, as set forth below, whichever comes first.

I hereby acknowledge receipt of a copy of this Authorization.

- If checked, this Authorization will allow the Supplier to use my information for marketing purposes for which the Supplier will receive direct or indirect payment or benefit from the Recipient.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Print Name

Signature of Individual or Personal Representative

Description of Personal Representative's Authority

Date of Authorization