



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

Valley Medical Group, P.C. ("VMG") is required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice of Privacy Practices ("Notice"), which explains our privacy practices, our legal duties, and your rights concerning health information that we maintain about you. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

In this Notice, "health information" means health information (including identifying information) about you that we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse (a company that is involved in processing claims for payment). It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. We will post a copy of the current Notice at each site where we provide care and on our website at www.vmgma.com. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

WHO WE ARE

You have been provided this Notice because you are seeking patient services from VMG, which may include services from any of the following facilities:

Amherst Medical Center, 31 Hall Drive, Amherst
Ambulatory Surgery and Procedures Center, 31 Hall Drive, Amherst
Greenfield Health Center, 329 Conway Street, Greenfield
Northampton Health Center, 70 Main Street, Florence.

USES AND DISCLOSURES OF HEALTH INFORMATION

The following categories describe different ways that we use and disclose health information. Please note that each particular use or disclosure is not listed below. However the different ways in which we are permitted to use and disclose your health information generally fall within one of the categories listed below.

Treatment: We may use or disclose your health information to a physician or other healthcare provider concerning your treatment. For example, a VMG practitioner treating you for diabetes may discuss your health information with another VMG practitioner and/or with an outside specialist to better coordinate your care.

Payment: We may use and disclose your health information so that services delivered to you by VMG may be billed to you, an insurance company, or other third party reimburer, so long as the policy or certificate under which a claim is made provides that access to your health information is permitted. For example, we may need to give to your health plan information about treatment you received so that your plan will pay us or reimburse us for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, answering machine messages, postcards or letters).

Persons Involved in Your Care or Payment for Your Care: Unless you object, we may disclose health information about you to a friend or family member or other person who is involved in your medical care or to someone who helps pay for your care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Emergencies: In the event of your incapacity or emergency circumstances, we may disclose health information to persons involved in your care. We will use our professional judgment to determine whether the disclosure is in your best interests, and if so, we will disclose health information that is relevant to the person's involvement in your healthcare. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Marketing: We will not use your health information for marketing communications without your written authorization.

Required or Permitted by Law: We may use or disclose your health information when we are required or permitted to do so by federal, state, or local law. For example, we may use and disclose health information about you to the U.S. Food and Drug Administration, health oversight agencies, medical examiners, for worker's compensation purposes, and to public health authorities charged with preventing or controlling disease, injury or disability.

Abuse or Neglect, Serious Threats to Health or Safety: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. However, if you are over the age of eighteen, we will only notify an authority if we obtain your agreement or if we are required by law to report such abuse, neglect or domestic violence. We may disclose your health information to the extent necessary to help avert a serious threat to your health or safety or the health or safety of others. Under these circumstances, we will only disclose health information to someone who may be able to help prevent or lessen the threat.

Lawsuits and Legal Proceedings: If you are involved in a lawsuit or a legal proceeding, we may use and disclose health information about you in response to a court order. We may use and disclose health information about you in legal proceedings without your permission or a court order when you sue any of our health care providers or staff or practice for malpractice or initiate a complaint with a licensing board against any of our health care providers.

Law Enforcement: We may use and disclose health information about you to correctional or law enforcement officials when necessary or appropriate, including in response to a court's authority, such as a court-issued order or search warrant, about a death required to be reported to a medical examiner, such as where we believe the death may be the result of violence or other suspicious or unusual circumstances, and to report a crime committed on VMG premises.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose, under certain circumstances, health information about you to the correctional institution or to the law enforcement officer if such officer represents that the health information is necessary to provide you with health care.

Your Authorization: We have described in the preceding paragraphs those uses and disclosures of your health information that we may make either as permitted or required by law or otherwise without your consent or written authorization. For other uses of your health information, we must obtain your written authorization. A written authorization request will, among other things, specify the purpose for the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you give us an

authorization, you generally have the right to revoke it. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Electronic Mail Communications: We may copy and file in your medical record any electronic mail communications we receive from you or send to you in the course of your treatment with VMG. If your VMG provider or other practitioner agrees that you may initiate electronic mail communications with him or her, please be aware that, while we have in place appropriate safeguards to protect the privacy of your health information, the security of electronic mail cannot be guaranteed.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information that is maintained by us, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by contacting the Health Information Coordinator at your VMG health center. We will charge you a reasonable cost-based fee for expenses such as copying, mailing and related supplies. A full explanation of our fee structure for these services is available from the Health Information Coordinator. We may deny your request in limited circumstances. In some cases, if you are denied access to your health information, you may request that the denial be reviewed. In such a case, another licensed health care professional chosen by VMG will review your request and the denial. We will comply with the outcome of the review.

Disclosure Accounting: You have the right to request that we provide you with a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, disclosures made to you or authorized by you, disclosures made to persons involved in your care or payment for your care, and for certain other purposes, for the last 6 years, but not before April 14, 2003. You must submit your request for an accounting of disclosures in writing. You may obtain a form to request an accounting by contacting the Health Information Coordinator at your VMG health center. 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.

Restriction: You have the right to request that we place restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency or if required by law). To request restrictions, you must make your request in writing. You may obtain a form to request restrictions by contacting the Health Information Coordinator at your VMG health center. Even if we do agree to your request, the restriction does not apply to prior uses or disclosures of such information by VMG and is not effective to prevent uses or disclosures where the use or disclosure is permitted without first obtaining your consent or authorization or without first providing you an opportunity to object, or where the information is used or disclosed pursuant to your consent or authorization.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. You may obtain a form to request alternative means of communication by contacting the Health Information Coordinator at your VMG health center. Your request must specify how or where you wish to be contacted (such as an alternative address or telephone number). We will not ask you the reason for your request, and we will accommodate all reasonable requests if we are able to do so.

Amendment: You have the right to request that we amend your health information if you feel that the health information maintained by VMG is incorrect or incomplete. Your request must be in writing, and you may obtain a form to request amendment by contacting the Health Information Coordinator at your VMG health center. Your request must explain why you believe the information is incorrect or incomplete. We may deny your request under certain circumstances. If we deny your request for an amendment, you have the right to file a statement stating your disagreement with us, and we may provide a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Electronic Notice: If you receive this Notice on our Web site or electronic mail (e-mail), you are entitled to receive a paper copy of this Notice. To obtain a paper copy, please contact the VMG Privacy Officer at (413) 772-3327.

QUESTIONS AND COMPLAINTS

We support your right to the privacy of your health information. If you want more information about our privacy practices or have questions or concerns, please feel free to contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or a response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with

you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building, Room 1875, Boston, Massachusetts 02203. Voice phone (617) 565-1340, Fax (617) 565-3809, TDD (617) 565-1343. . You will not be penalized for filing a complaint.

VMG is committed to maintaining the privacy of your health information and to providing you with quality care.

Contact: Joel A. Feinman, Ph.D., VMG Privacy Officer
Telephone: (413) 772-3350
Fax: (413) 772-3313
Address: 329 Conway Street
Greenfield, MA 01301

Valley Medical Group, P.C. website: www.vmgma.com

Valley Medical Group, P.C.

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

It is the policy of Valley Medical Group, P.C. ("VMG") to provide all patients, or their parents, guardians or personal representatives, a copy of our current Notice of Privacy Practices prior to the date of the first service delivery, or upon the first visit to VMG after April 14, 2003, if feasible. This signed acknowledgement is to be filed in the Medical Record.

Patient's Name: _____

Patient's Medical Record Number: _____

I have received VMG's Notice of Privacy Practices:

Date: _____

Signature: _____

If patient is a minor or is unable to sign for him or herself, then a parent, guardian or personal representative should sign on patient's behalf:

Date: _____

Signature: _____

Printed Name: _____

Relationship to Patient: _____

Staff use only:

Note: If the patient or parent, guardian or personal representative does not sign this Acknowledgement of Receipt Form, the designated staff person should discuss the patient's reasons for not signing and should document below on this form both the staff person's efforts to get the signed Receipt and the patient's reason(s) for not signing. This note should be signed, dated and filed in the Medical Record.

Document reasons for patient not signing/efforts to obtain patient signature:

Signed by: _____

Print name: _____

Title: _____

Date: _____