CHS GROUP LLC.

NOTICE OF PRIVACY PRACTICES

Effective: March 2007

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.

Affiliated Entities Covered by this Notice

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information, "medical information."

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

How We May Use and Disclose Medical Information About You

- **For Treatment.**
  We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to other health care providers (doctors, nurses, hospitals, dentists and other care givers) who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them. Similarly, we may refer you to another health care provider and as part of the referral share medical information about you with that provider. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide medical information about you to them so they have information they need to provide services for you.

- **For Health Care Operations.**
  We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate and to maintain quality health care for our consumers. For example:
  - to review the services we provide and the performance of our employees in caring for you.
  - to train our staff or volunteers.
  - conducting quality assessment and improvement activities including peer review, credentialing of providers and accreditation.
  - preventing, detecting and investigating fraud and abuse.
  - coordinating case and disease management activities.

- **For Payment.**
  We may use and disclose medical information about you so we can be paid for the services we provide to you. We may need to provide a third party payer, our funding source, or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive.

- **How We Will Contact You.**

  Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" on page 5 of this Notice.

- **Marketing Communications.**

  We may use and disclose medical information about you to communicate with you about a product or service to encourage you to purchase the product or service. This may be:

  - To describe a health-related product or service that is provided by us;
  - For your treatment;
  - For case management or care coordination for you;
  - To direct or recommend alternative treatments, therapies, or health care providers.

  We may communicate to you about products and services in a face-to-face communication by us to you. We also may communicate about products or services in the form of a promotional gift of nominal value.

  All other use and disclosure of medical information about you by us to make a communication about a product or service to encourage the purchase or use of a product or service will be done only with your written authorization.

- **Fundraising.**

  We may use and disclose medical information about you to contact you to raise funds for our company. We may disclose medical information to a business associate or a foundation related to our company so that business associate or foundation may contact you to raise money for the benefit of our company. We will only release demographic information, such as your name and address, and the dates you received treatment or services from us. If you do not want our company or its foundation to contact you for fundraising, you must notify the program manager in writing.

- **Individuals Involved in Your Care.**

  We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify the program manager, or tell our staff member who is providing care to you.

- **Disaster Relief.**

  We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

- **Public Health Activities.**

  We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease or, one that is authorized to receive reports of abuse and neglect.

  It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a

United States Food and Drug administration regulated product or activity.

- **Victims of Abuse, Neglect, or Domestic Violence.**
  We may disclose medical information about you to government authorities, including social services or protective service agencies, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

- **Health Oversight Activities.**
  We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

- **Judicial and Administrative Proceedings.**
  We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

- **Disclosures for Law Enforcement Purposes.**
  We may disclose medical information about you to a law enforcement official for law enforcement purposes:
    - As required by law.
    - In response to a court, grand jury or administrative order, warrant or subpoena.
    - To identify or locate a material witness or missing person.
    - About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
    - To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
    - About crimes that occur at our facility.
    - About medical emergencies, if the disclosure is necessary to alert law enforcement about the commission and nature of a crime, the location of victims, or the perpetrator of such crime.

- **Coroners and Medical Examiners.**
  We may disclose medical information about you to a coroner or medical examiner for purposes such as identification and determining cause of death.

- **Funeral Directors.**
  We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

- **Organ, Eye or Tissue Donation.**
  To facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

- **Research.**

We may use or disclose medical information about you for research provided that certain conditions are met.

- **To Avert Serious Threat to Health or Safety.**
  We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

- **Inmates; Persons in Custody.**
  We may disclose medical information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

- **Specialized Government Functions.**
  We may use or disclose medical information about you if you are a member of the Armed Forces or foreign military personnel if appropriate notice has been filed in the Federal Register.

  We may disclose medical information about you to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities, or for federal protective services and investigations, to the extent authorized by law.

- **Workers Compensation.**
  We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

- **Other Uses and Disclosures.**
  Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the program manager in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

Your Rights With Respect to Medical Information About You

You have the following rights with respect to medical information that we maintain about you.

- **Right to Request Restrictions.**
  You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) to public or private entities for disaster relief efforts.

  To request a restriction, you may do so at any time. If you request a restriction, you should do so to the program manager and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your parent).

  We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment.

- **Right to Receive Confidential Communications.**

  You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

  If you want to request confidential communication, you must do so in writing to the program manager. We may condition our acceptance of this accommodation upon obtaining appropriate information regarding payment and upon receiving an alternative method to contact you.

- **Right to Access Protected Health Information.**

  You have a right to request access to inspect or obtain a copy of your medical information that is contained in a designated record set. You must make such request in writing to the program manager at your facility. If we deny your request, we will provide a basis for the denial in writing. If your request is denied, under certain circumstances, you have the right to have your request reviewed by a licensed health care professional designated by us. We may charge you for the reasonable copy costs and postage costs if you request a copy of the records.

- **Right to Amend**.

  You have the right to ask us to amend medical information about you. You have this right for so long as we maintain the medical information. If we deny your request, we will provide you a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.

  To request an amendment, you must submit your request in writing to the program manager. Your request must state the amendment desired and provide a reason in support of that amendment.

- **Right to an Accounting of Disclosures.**

  You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before March 1, 2007.

Our Rights, Questions, and Complaints

We are required to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain.

- **Availability of Notice of Privacy Practices.**

  A copy of our current Notice of Privacy Practices will be posted on the 'consumer information' bulletin board. A copy of the current notice also will be posted on our web site, *www.chsgroupllc.com* any time; you may obtain a copy of the current Notice of Privacy Practices by contacting your manager.

- **Complaints.**

  You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. *Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.*

To file a complaint with us, write or call: *Jennifer Ostroff, Director of Human Resources, at 210 Town Center Drive Troy, MI 48084 Phone: 248-643-8900.* All complaints should be submitted in writing.

You will not be retaliated against for filing a complaint.

- **Questions and Information.**

  If you have any questions or want more information concerning this Notice of Privacy Practices, you can write or call *Jennifer Ostroff, Director of Human Resources, 210 Town Center Drive, Troy, MI 48084 or call 248-643-8900.*