

**NOTICE FOR THE USE AND DISCLOSURE OF
HEALTH INFORMATION FOR TREATMENT, PAYMENT,
OR HEALTHCARE OPERATIONS**

**PRIVACY NOTICE
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.

1. Uses and Disclosures: Headache & Pain Center, a Louisiana professional medical corporation ("Headache & Pain Center") and Day Surgery, Inc. ("Day Surgery") are permitted by law to disclose the minimum necessary personal health information of each patient to carry out treatment, payment and health care operations of Headache & Pain Center and Day Surgery (collectively the "Facility"). For treatment purposes, such disclosures may be made to physicians and other health care providers as necessary to effectuate the appropriate treatment and care of patients. Personal health information may be disclosed to the government or other third party payors for the purpose of obtaining payment for services provided. Facility may also use personal health information to carry out Facility's day to day operations such as scheduling, quality review and appointment reminders. A list of other examples of disclosures can be obtained from the Privacy Officer upon request.

2. Required Authorizations: Facility will not disclose any patient's personal health information for any purpose aside from payment, treatment and health care operations, without patient's authorized consent to such disclosure. Upon request for such authorization, patient shall have the right to refuse and/or revoke any disclosure of patient's personal health information.

3. Privacy Compliance: In accordance with the privacy regulations promulgated under the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164 (the "Privacy Regulations"), Facility has adopted privacy policies regarding usage of patients' personal health information. Facility is committed to compliance with the Privacy Regulations and all other laws and regulations regarding patients' right to privacy.

4. Additional Information: For additional information regarding Facility's privacy policy or for a copy of this notice, please contact our Privacy Officer. Facility reserves the right to change this Notice and to make the revised and changed notice effective for medical information that Facility already has about you, as well as any information Facility receives in the future. We will post a copy of the current notice in Facility. The notice will contain the effective date.

The following signature acknowledges that I have received notification of my privacy rights concerning the use and disclosure of protected health information as defined by the Privacy Regulations.

The following signature acknowledges that I have received a copy of this Notice.
