

**PATRIOT HEALTH FLORIDA, INC. PRIVACY STATEMENT:**

Patriot Health Florida, Inc. (the "Company"), and any and all organizations providing services, care about your privacy, and are providing you with this Privacy Notice ("Notice") to inform you that the Company understands that your Personal Health Information ("PHI") is confidential. This Notice describes generally how the Company may use and disclose your PHI to provide Eligible Services to you and other purposes that are permitted or required by law. We may not use or disclose any more of your PHI than is necessary, with some exceptions. If state law is more protective of your privacy, we will follow state law.

We reserve the right to change the terms of this notice and our privacy policies. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this notice and post a new notice on our Web site. You can also request a copy of our current notice at any time from the Company.

This Notice also explains your rights regarding PHI. This Notice is in compliance with the Health Insurance Portability & Accountability Act of 1996, which became effective on April 14, 2003. PHI is protected health information that individually identifies you or your dependents and relates to past, present, and future health care and/or payment for such health care services. Please review this Notice carefully.

The Company is required to keep Personal Health Information about you private; give you this Notice of our legal duties and privacy practices with respect to your Personal Health Information and follow the terms of this Notice.

In providing Eligible Services, the Company may use and disclose your Personal Health Information ("PHI") in various ways. The most common disclosures include, but are not limited to the following: (a) determining Eligible Services available to you through your membership in a plan or program offered by the Company ("Membership"), (b) verifying that your Membership is active, (c) coordinating with your medical providers to obtain information regarding received or planned procedures in order to provide Eligible Services, or to investigate or process a claim pursuant to this Membership Agreement, (d) providing an explanation of benefits to you or your dependents, (e) we may use your PHI to provide appointment reminders or give you information about treatment alternatives or other health care services, (f) disclosing PHI to government agencies and law enforcement personnel when the law requires it; and (g) providing PHI to a family member, friend, physician, facility or hospital, or other persons involved in your care to the extent necessary to help with your care or payment for your care. Additionally, the Company may use and disclose PHI about you for certain operational, administrative, research and quality assurance activities. The Company may provide, pursuant to law, PHI to governmental regulatory bodies, including, but not limited to a state insurance department, the Office of Civil Rights, or the Department of Health and Human Services. PHI may also be provided to those business associates of the Company, including, but not limited to various insurance companies and/or provider networks, who are also required to protect your Personal Health Information. You have the following rights regarding your PHI: (a) the right to inspect & copy, (b) the right to amend, (c) the right to an accounting of disclosures, (d) the right to request restrictions, (e) the right to request confidential communications, and (f) the right to a paper copy. The Company may only use and disclose PHI as generally described in this Notice or according to laws that apply to the Company. Other uses or disclosure of your PHI will be made only with your written permission, identified as an "Authorization". If you revoke your Authorization, the Company will no longer use or disclose your PHI for the reasons stated in your authorization, except to the extent that the Company may have already taken action. **You may request information or revoke your authorization at any time by sending a written request to: Patriot Health Florida Inc. 160 Eileen Way, Syosset, NY 11791**