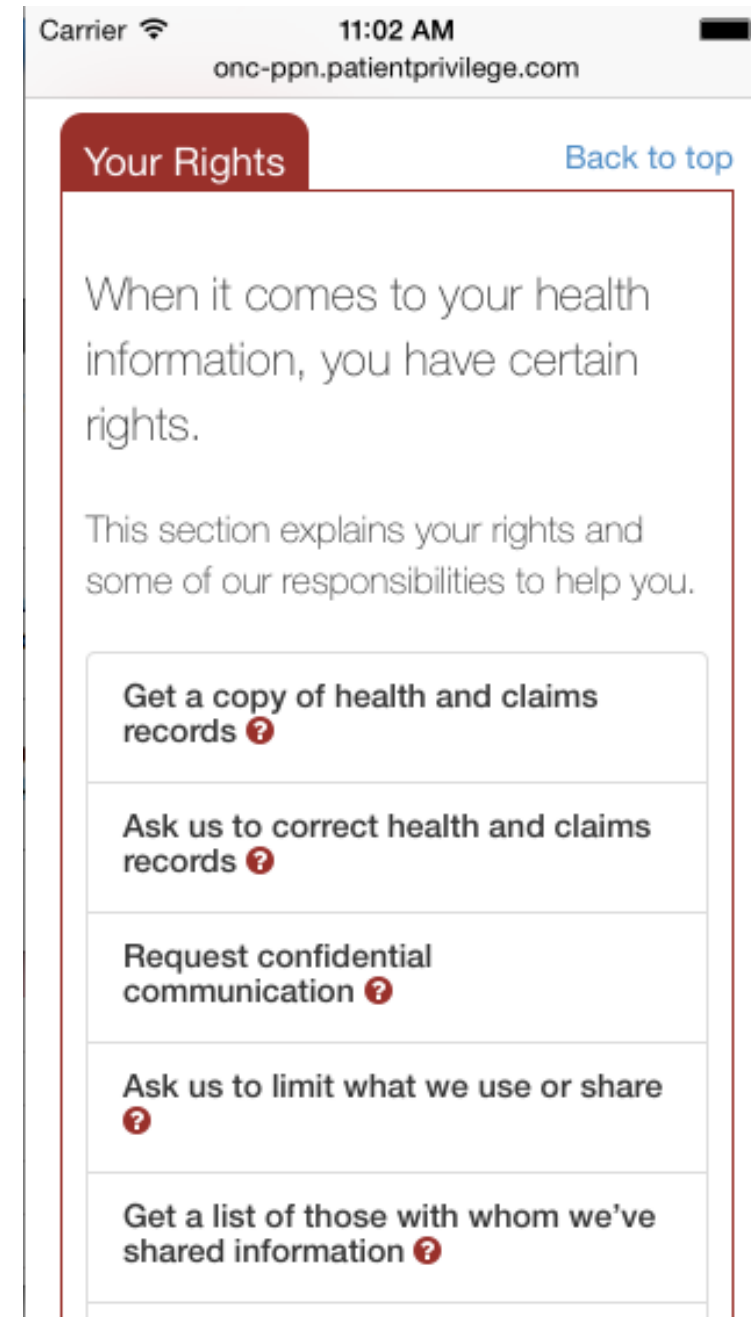


Patient Privacy Notice by PatientPrivilege

Anatoly Geyfman, Team PatientPrivilege

Mobile-friendly

- Mobile-friendly design adjusts automatically to every device (Smartphone, Tablet, Laptop, PC)
- Easy to scan and read, shows most important content first



Accessible and Printer-friendly

- Accessible for people with disabilities, including those using screen readers and large-text browsers
- Semantic markup means that readability and understanding are not sacrificed in favor of design
- Printer friendly for using this PPN as an official in-office PPN

Heading level four

This section explains your rights and some of our responsibilities to help you. List of eight items bullet

Heading level five

Get a copy of your paper or electronic medical record List of two items bullet You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. bullet We will provide a copy or a summary of your health information, usually within thirty days of your request. We may charge a reasonable, cost dash based fee. List end bullet

Heading level five

Correct your paper or electronic medical record List of two items bullet You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. bullet We may say "no" to your request, but we'll tell you why in writing within sixty days. List end bullet

Heading level five

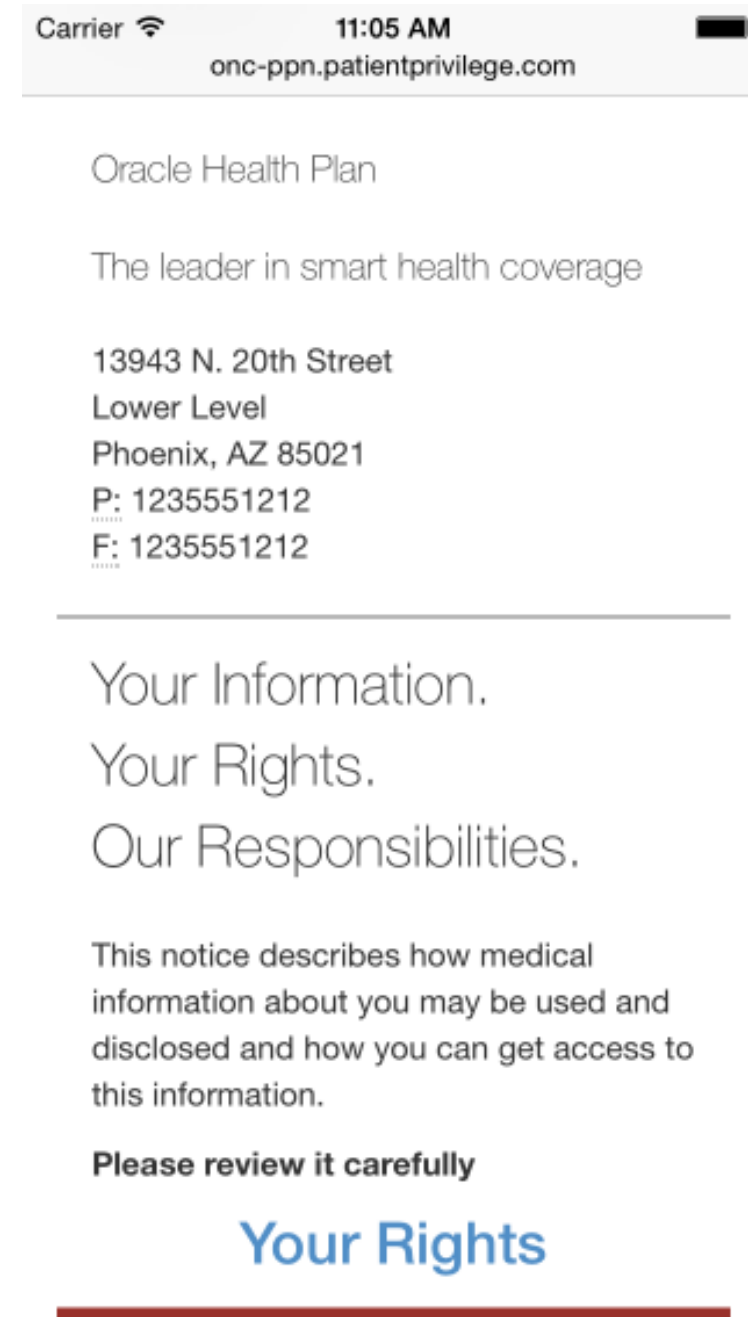
Request confidential communication List of two items bullet You can ask us to contact you in a specific way left paren for example, home or office phone right paren or to send mail to a different address. bullet We will say "yes" to all reasonable requests. List end bullet

Heading level five

Ask us to limit the information we share List of two items bullet You can ask us not to use or share certain health information for treatment, payment, or our operations. List of one item bullet We are not required to agree to your request, and we may say "no" if it would affect your care. List end bullet If you pay for a service or health care item out dash of dash pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. List of one item bullet We will say "yes" unless a law requires us to share that information. List end List end bullet

Customizable for your organization

- Put your own organization information into the PPN for a customized user experience
- Easy-to-update stylesheet allows customization of fonts, colors and even layout
- Your own contact information and ability to integrate into an already-existing web site or mobile app expand options



Industry-standard tools

- Best-in-breed tools for ease of update and development
 - Javascript
 - Angular.js
 - Bootstrap
 - Grunt/Bower/Yeoman workflow
- Customizable, modular approach to layout and design
 - LESS

