

Exhibit A
GUAM COMMUNITY HEALTH CENTERS (GCHCs)
(Northern and Southern Region Community Health Centers)

"Notice of Privacy Practices"

As required by the Privacy Regulations Created as a Result of the
Health Insurance Portability and Accountability Act of 1996 (HIPPA)

THIS NOTICE DESCRIBES HOW HEALTH
INFORMATION ABOUT YOU (AS A PATIENT OF
GUAM COMMUNITY HEALTH CENTERS (GCHCs)
MAY BE USED AND DISCLOSED, AND HOW YOU
CAN GET ACCESS TO YOUR HEALTH
INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

The GCHCs are dedicated to maintaining the privacy of your health information (HI). In conducting our business, we will create records regarding the treatment and services we provide to you. We are required by law to maintain the confidentiality of your health information. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our community health centers concerning your health information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your health information
- Your privacy rights regarding your health information
- Our obligations concerning the use and disclosure of your Health information

The terms of this notice apply to all records containing your health information that are created or retained by the GCHCs. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that the GCHCs have created or maintained in the past, and for any of your records that we may create or maintain in the future. The GCHCs will post a copy of our current "Notice of Privacy Practices" at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT

William Weare, M.D.
Privacy officer
Guam Community Health Centers
182 Abman Drive
Inarajan, Guam 96915
(671) 828-7519

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION (HI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your HI.

1. **Treatment.** The GCHCs may use your HI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your HI in order to write a prescription for you. Many of the people who work for GCHCs including, but not limited to, our doctors and nurses may use or disclose your HI

- in order to treat you or to assist others in your treatment. Additionally, we may disclose your HI to other who may assist in your care, such as your spouse, children or parents.
2. **Payment.** The GCHCs may use and disclose your HI in order to bill and collect payment for the services and medical supplies you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits) and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may be responsible for such costs, such as family members. Also, we may use your HI to bill you directly for services and medical supplies.
 3. **Health Care Operations.** The GCHCs may use and disclose your HI for our operations to evaluate the quality of care you received from us to conduct cost-management, and /or business planning activities.
 4. **Appointment Reminders.** The GCHCs may use and disclose your HI to contact you and remind you of your appointment.
 5. **Treatment Options.** The GCHCs may use and disclose your HI to inform you of health-related benefits or services that may be of interest to you.
 6. **Health-Related Benefits and Services.** The GCHCs may use and disclose your HI to inform you of health-related benefits or services that may be of interest to you.
 7. **Individuals Involved In Your Care or Payment for Your Care.** The GCHCs, may release your HI to a friend or family member that is involved in your medical care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. We may also give 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.
 8. **Disclosures Required By Law.** The GCHCs will use and disclose your HI when we are required to do so by federal or local law.

D. USE AND DISCLOSURE OF YOUR HI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique situations in which we may use or disclose your HI:

1. **Public Health Risks.** The GCHCs may disclose you HI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Notifying a person regarding potential exposure to a communicable disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** The GCHCs may disclose your HI to a health oversight agency for Activities authorized by law. Oversight activities can include for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and health care systems in general.
3. **Lawsuits and Similar Proceedings.** The GCHCs may use and disclose your HI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your HI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release HI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct

- Regarding criminal conduct at GCHCs
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, the description, identity and/or location of the offender)
5. **Deceased Patients.** The GCHCs may release HI to a medical examiner or coroner to identify a deceased individual or identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
 6. **Research.** The GCHCs may use and disclose your HI for research purposes in certain limited circumstances. We will obtain your written authorization to use your HI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (I) the information being sought is necessary for the research study (Individual Identifying Information will not be used); (II) the use or disclosure of your HI is being used only for the research and (III) the researcher will not remove any of your HI from the GCHCs; or (c) the HI sought by the researcher only relates to the deceased and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the HI of the deceased.
 7. **Serious Threats to Health or Safety.** The GCHCs may use and disclose your HI when necessary to reduce or prevent a serious threat to the health and safety of you, another individual, or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
 8. **Military.** The GCHCs may disclose your HI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 9. **National Security.** The GCHCs may disclose your HI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary; (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect the health and safety of you or other individuals.
 10. **Inmates.** The GCHCs may disclose your HI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect the health and safety of you or other individuals.
 11. **Workers' Compensation.** The GCHCs may release your HI for workers' compensation and similar programs.

E. **YOUR RIGHTS REGARDING YOUR HI**

You have the following rights regarding the HI that we maintain about you:

1. **Confidential Communications.** You have the right to request that the GCHCs communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to (William Wear, M.D., Privacy Officer, 162 Abman Drive, Inarajan, Guam 96915, (671) 828-7519) specifying the requested method of contact, or the location where you wish to be contacted. The GCHCs will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your HI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your HI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise necessary to treat you. In order to request a restriction in our use or disclosure of your HI, you must make your request in writing to [William Wear, M.D., Privacy Officer, 162 Abman Drive, Inarajan, Guam 96915, (671) 828-7519]. Your request must describe in a clear and concise fashion:
 - a. The information you wish restricted;
 - b. Whether you are requesting to limit the GCHCs use, disclosure or both; and
 - c. To whom you want the limits to apply

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the HI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to [William Weare, M.D, Privacy Officer, 162 Abman Drive, Inarajan, Guam 96915, (671) 828-7519] to inspect and/or obtain a copy of your HI. The GCHCs charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The GCHCs may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. **Amendment.** You may ask to amend your health information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for the GCHCs. To request an amendment, your request must be in writing and submitted to [William Weare, M.D, Privacy Officer, 162 Abman Drive, Inarajan, Guam 96915, (671) 828-7519]. You must provide us with a reason that supports your request for amendment. The GCHCs will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the HI kept by or for the practice; (c) not part of the HI which you would be permitted to inspect and copy; or (d) not created by the GCHCs, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures the GCHCs have made of your HI for non-treatment or operations purposes. Use of your HI as part of the routine patient care in the GCHCs is not required to be documented. For example, the doctor shares information with the nurses; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to [William Weare, M.D, Privacy Officer, 162 Abman Drive, Inarajan, Guam 96915, (671) 828-7519]. All requests for "accounting of disclosures" must state a time period, which may not include dates period is free of charge, but the GCHCs may charge you for additional lists within the same 12-month period. The GCHCs will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of the "Notice of Privacy Practices". You may ask us to give you a copy of the "Notice of Privacy Practices" at any time. To obtain a paper copy of this notice, contact [Teresita Concepcion at (671) 635-7456 or Debra Manibusan at (671) 828-7511].
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the GCHCs and/or with the Secretary of the Department of Health and Human Services. To file a complaint with the GCHCs, contact [William Weare, M.D, Privacy Officer, 162 Abman Drive, Inarajan, Guam 96915, (671) 828-7519]. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to provide an Authorization for Others Uses and Disclosures.** The GCHCs will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your HI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your HI for the reasons described in the authorization. Please note we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact [William Weare, M.D, Privacy Officer, 162 Abman Drive, Inarajan, Guam 96915, (671) 828-7519].