

Customer Notice of Mize and Associates
Information Privacy Policies and Practices
Information only- No Response Necessary

Effective Date: April 14, 2003

Mize and Associates know that our customers expect privacy and security regarding all of their personal and financial information. It is important to us that we protect the privacy and security of your information. There is now a federal regulation that governs the privacy of your medical information and how we use and share information in the course of regular business activities. This notice will tell you how we collect, use, secure, and share your personal information, which is information about you that identifies you and that we obtain from you and others when we provide services to you. We will inform you of your policies for collecting, using, securing and sharing nonpublic personal information the first time we do business with you and every year that you are a customer.

What Information We Collect and From Whom We Collect It

We collect personal information about you that includes you name, address, Social Security number and health information. This information is obtained from the forms you fill out from telephone or person to person interviews with you. We may also receive personal information about you from physician's offices, school system, etc.

What Information We Share and To Whom We Share It

We will NOT use or disclose your medical information without your written authorization. We may use and disclose your medical information to:

- Physicians or other providers who treat you
- Others you choose to involve in your treatment or payment of your health care

Permissive Disclosures of Your Health Information

We have the right to use and disclose your health information for:

Treatment: We may disclose your health information to a physician or other health care provider to treat you. For example, we may send a copy of a member's medical records we maintain to a physician who needs the additional information to treat the member.

I have read and do understand the policies of the Center. In the event it becomes necessary to institute action for collection of this account. I further agree to pay all interest, attorney and collection fees.

Date

Signature