



NOTICE OF PRIVACY PRACTICES (FMSG, LLC)

Introduction

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.

Family Medicine Shady Grove, LLC (hence forth FMSG) is committed to providing quality healthcare services to you. An important part of that is protecting your medical information according to applicable law. This notice ("Notice") describes your rights and our duties under Federal Law, as well as other pertinent information. We are happy to answer any questions you may have regarding this Notice. Our staff will briefly review the key points contained herein once you have had an opportunity to read and sign.

Definitions

1. **Healthcare Operations.** "Healthcare Operations" means business activities that we engage in so as to provide healthcare services to you, including but not limited to, quality assessment and improvement activities, personnel training and evaluation, business planning and development, and other administrative and managerial functions.
2. **Payment.** "Payment" means activities that we undertake as a healthcare provider to obtain reimbursement for the provision of healthcare to you which include, but are not limited to: determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and processing health benefit claims.
3. **Protected Health Information (PHI).** "Protected Health Information" or "PHI" means information which identifies you (e.g. name, address, social security number, etc.) and relates to your past, present, or future physical or mental health or condition; the provision of healthcare to you; or the past, present, or future payment for the provision of healthcare to you.
4. **Treatment.** "Treatment" means the provision, coordination, or management of healthcare and related services on your behalf, including the coordination or management of healthcare with a third party; consultation between ABC and other healthcare providers relating to your care; or the referral by ABC of your care to another healthcare provider.

Health Information Exchange: We (FMSG) may share information that we may obtain or create about you with other health care providers or entities for purpose of treatment, payment and health care operations, as permitted by law through the Chesapeake Regional Information System for Our Patients, Inc. (CRISP), an internet-based, state approved health information exchange system serving Maryland and D.C. FMSG has chosen to participate in the exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making informed treatment decisions. You may "opt out" of CRISP and prevent providers from being able to search for your information through the exchange by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Even if you opt out, Public Health Reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP) will still be available to providers.

I. Uses and Disclosures (Sections A through E)

Uses and disclosures of your protected health information ("PHI") may require your written authorization or be permitted and/or required. Examples are provided below under various categories to give you a sense of how we may use and/or disclose your PHI. It is our Policy only to use and disclose PHI requiring an Authorization consistent with the Authorization as provided by you. Our Compliance Officer will ensure that all Authorizations meet the requirements of the Privacy Rule and that our staff is trained regarding those instances of Uses and Disclosures wherein Authorizations are implicated.

A.) Required Uses and Disclosure. FMSG is required to disclose your PHI in following situations- 1) FMSG must allow you to inspect and get copy of your PHI (with certain exceptions) upon request. 2) FMSG must disclose your PHI upon request to the Secretary in connection with investigation of our compliance with federal privacy regulations.

B.) Uses and Disclosures that require your written authorization.

Except as otherwise indicated in this Notice, FMSG will use and disclose your PHI only with your written authorization. Following are instances where an Authorization is required from you before we disclose your PHI: (1) most Uses and Disclosures of psychotherapy notes (these are separately-filed notes about your conversation with your mental health professional during a counseling session. They do not include summary information about your mental health treatment). (2) Uses and Disclosures for marketing purposes; and (3) Uses and Disclosures that involve the sale of PHI. The latter two points additionally mean that with certain exceptions, we are not allowed to sell or receive anything of value in exchange for your health information without your written authorization.

C.) Uses and Disclosures that are permitted without your consent or Authorization. We are permitted to use and/or disclose your PHI without obtaining your consent or authorization in connection with treatment and payment activities, health care operations, appointment scheduling and other functions as noted below. We provide you with examples for this section-

1. Treatment- Our staff, including doctors, nurses and other clinicians, will use your PHI to order tests, procedures, and medications; and to otherwise provide for your care. We may disclose your PHI to pharmacies and other healthcare providers as needed. For example, we may disclose your PHI when we refer you to another healthcare provider.

2. Payment- Your PHI will be used to check for eligibility for insurance coverage and prepare claims for your insurance company where appropriate. We may also use your PHI to invoice you directly or to invoice a government agency on your behalf. For example, in order to prepare invoices, we will disclose information regarding your treatment, the conditions you were treated for, and when you were treated to Medicare, Medicaid, and other third-party payors.

3. Operations- We may use and disclose your PHI in order to conduct our healthcare business and to perform functions associated with our business activities. For example, your PHI may be disclosed when we train staff, conduct quality improvement activities, and develop business plans. Your PHI may also be shared with business associates who perform certain business functions on our behalf such as billing, transcriptions and electronic PHI transmissions with other healthcare providers.

4. Appointments and Reminders- We may use your PHI to contact you regarding appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

5. Business Associates- We may use or disclose your PHI to a business associate that performs a business function on our behalf and requires your PHI in order to do so. Such use or disclosure will only occur after performing due diligence to ensure that the business associate is meeting all statutory and contractual requirements. A written contract will be executed with each business associate, and will be reviewed on a yearly basis, to ensure that the business associate is providing adequate PHI safeguards.

D.) Uses and disclosures to which you have the prior right to agree or disagree. FMSG is permitted to release your PHI to a family member, a close friend or other individual who is involved in your medical care, or who helps pay for your care, if (i) the PHI is directly relevant to the person's involvement with your care, (ii) you have either agreed to the disclosure or have been given an opportunity to object and have not objected, and (iii) the record was not developed primarily in connection with the provision of mental health services. FMSG is not required to give you the opportunity to agree or object to disclosure if your condition prevents you from doing so and we determine that disclosure is in your best interests. FMSG may also disclose PHI to notify your family members, personal representative(s) or other person(s) responsible for your care of your location or condition. If you object to the use and disclosure of your PHI as described in this Section C, please notify the Privacy Officer in writing at the address set forth above.

E.) Uses and Disclosures for which FMSG is not required to secure your consent or authorization. FMSG may use or disclose your PHI to the extent that such use or disclosure is required by law. In such cases, the use or disclosure will be limited to uses and disclosures pertaining to the relevant requirements of such law. FMSG may use or disclose your PHI without your consent or authorization, and without giving you the opportunity to object, as follows:

(1) When the use or disclosure is required by or otherwise consistent with law.

(2) When permitted for purposes of public health activities, including reports to public health authorities authorized by law to collect or receive information for the purpose of preventing or controlling disease. We are also permitted to use or disclose PHI if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

(3) When required or authorized by law to report information about abuse, neglect or domestic violence to public authorities, if FMSG reasonably believes that you may be a victim of abuse, neglect or domestic violence. We will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm or such notice would be provided to your personal representative and we believe your personal representative may be responsible for the abuse, neglect or domestic violence giving rise to the report.

(4) FMSG may disclose your PHI to a public health oversight agency for health oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure and disciplinary actions; and other activities necessary for appropriate oversight of the health care system or government benefit programs (such as Medicare and Medicaid).

(5) FMSG may disclose your PHI in the course of any judicial or administrative proceeding, as required or authorized by applicable law. For example, your PHI may be disclosed in response to a subpoena or discovery request, subject to certain conditions. One of these conditions is that, if the subpoena or discovery request is not accompanied by a court order, written assurances must be given to FMSG that you have received a copy of the subpoena or that service of the subpoena has been waived by the court.

(6) When required for law enforcement purposes, as set forth in federal privacy regulations (for example, to report certain types of wounds). FMSG may also release certain PHI (i) upon request to law enforcement officials for the

purpose of identifying or locating a suspect, material witness or missing person, (ii) about an individual who is or is suspected to be a victim of a crime, if the individual agrees to the disclosure or we are unable to obtain the individual's agreement because of emergency circumstances and certain other conditions are met, and (iii) to report certain crimes.

(7) To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or performing other duties, as authorized by law.

(8) When consistent with Maryland law, if FMSG believes in good faith that the use or disclosure of PHI is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

(9) In compliance with workers' compensation or other similar programs established by law.

(10) We may use or disclose your PHI for research, regardless of the source of funding of the research, provided that certain conditions are met, including but not limited to the approval of an Institutional Review Board and consistent with applicable law.

(11) We may use or disclose your PHI for the following governmental functions as long as certain specified conditions are met: a) military and veterans activities; b) national security and intelligence activities; c) protective services for the President and others; d) medical suitability determinations for a covered entity that is a component of the Department of State; e) correctional institutions and other law enforcement custodial situations; and f) covered entities that are government programs providing public benefits.

I. Your Rights Regarding Protected Health Information

Federal law provides you several important rights regarding your PHI maintained by FMSG. This section summarizes your rights and provide information regarding how to exercise them.

Right to copy of this Notice

You have a right to receive both a paper and/or electronic copy of this Notice. If you desire to receive this Notice electronically, you may do so at our web site: www.myfamilymeddocs.com.

Right to Request Restrictions

You have a right to request restrictions on how we use and disclose your PHI for treatment, payment and operations, as well as regarding those instances where you have an opportunity to agree or object (Sections I. c and d above). We are not required to agree to restrictions for treatment, payment and operations except in limited circumstances. If we do agree to a restriction of any kind then we will honor with your request unless the use or disclosure of the PHI in question is required to provide you with emergency treatment. In rare circumstances, we reserve the right to terminate a restriction that we have previously agreed to, but only after providing you notice of termination. If you wish to request a restriction on our use or disclosure of PHI under this paragraph, you must make your request in writing to FMSG's Privacy Officer at the address given at the end of this Notice.

Right to restrict certain disclosures

If you receive services for which you (or your representative) pay out-of-pocket and in full, then upon your written request FMSG will not disclose PHI related to such services to any health plan for purpose of payment or health care operations discussed in section I.C, above. You are required to notify all downstream healthcare providers (e.g. a pharmacist) and business associates, including Health Information Exchange(s), of the restriction. We are required by law to honor this restriction and will do so unless affirmatively terminated by you in writing.

Right to Confidential Communications

You have a right to request alternative communication methods with respect your health matters and related PHI. We ask that you make such communication requests in writing. We will honor all reasonable requests consistent with our duty to ensure that your PHI is appropriately protected. However, if we are unable to contact you using the requested ways, we may contact you using any information.

Right of Access to PHI.

You have a right to access, inspect and obtain a copy of your PHI except where excluded by applicable law. All requests for access to your PHI must be made in writing. Under a limited set of circumstances, we may deny your request. Any denial of a request to access will be communicated to you in writing. In general, you have a right to have a denial reviewed by a licensed third party healthcare professional (i.e. one not affiliated with us). We will comply with the decision made by the designated professional. We may charge you a reasonable fee for providing you a copy of your PHI.

Right to Amend PHI

You have a right to request that we amend your PHI for as long as it is maintained by us. The request must be made in writing and you must provide a reason to support the requested amendment. Under certain conditions we may deny your request to amend, including but not limited to, when the PHI: 1) was not created by us; 2) is excluded from access and inspection under applicable law; or 3) is accurate and complete. If we accept the amendment we will work with you to identify other healthcare stakeholders that require notification and provide the notification. If we deny the amendment, we will provide the rationale for denial to you in writing and afford you the opportunity to submit a statement of disagreement.

Right to an Accounting of PHI Disclosures

You have right to receive an accounting of your PHI disclosures made by us during a time period specified by applicable law prior to the date on which the accounting is requested. You must make any request for an accounting in writing. Certain PHI is excluded from an accounting by law and therefore will not be provided. One accounting within any twelve (12) month period will be provided to you if requested at no charge. Additional accountings may require that you pay us a reasonable fee. We will notify you of the fee to be charged at the time of the request.

Right to be notified in the event of a breach

We will notify you if your medical information has been “breached,” which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

Our Duties

We are required by law to: 1) maintain the privacy of your PHI; 2) provide you with this Notice of our privacy practices; 3) abide by the terms of the Notice currently in effect; and 4) modify this Notice when there are material changes to your rights, our duties, or other practices contained herein. This Notice will remain in effect until it is revised.

We reserve the right to change our privacy practices and the terms of this Notice consistent with applicable law and our current business processes. Should we make revisions to this Notice, we will provide you notification as follows: 1) upon request; 2) electronically via our website or via other electronic communications; and 3) as posted in our place of business. Any modifications to our Notice will apply retroactively to your entire PHI, as maintained by us. In addition to the above, we have an affirmative duty to respond to your requests (i.e. those corresponding to your rights) in a timely and appropriate manner. We support and value your right to privacy and are committed to maintaining reasonable and appropriate safeguards for your PHI. We will not retaliate in any way shape or form should you decided to file a complaint with us or with the Department of Health and Human Services.

Use of Email/Texting: If you choose to communicate with us via email or texting, although we may respond to you in the same manner in which the communication was received, we DO NOT recommend choosing these methods. Before using email/text to communicate with us, you should understand that there are certain risks associated with the use of such means. It may not be secure, which means it could be intercepted and seen by others. In addition, there are other risks associated with use of email/texts, such as misaddressed/misdirected messages, email accounts that are shared with others, messages that can be forwarded on to others or messages stored on portable devices that have no security or may get stolen. Additionally, use of these methods of communication is not intended to substitute for professional medical advice, diagnosis and treatment.

Questions and Requests for Information

Questions, requests for information, and other inquiries under this Notice should be directed to us as follows:

Family Medicine Shady Grove, LLC

Attn: Privacy Officer

15215 Shady Grove Road, Suite # 304

Rockville, MD 20850

Phone: (301) 284-8990 / Fax: (301) 569-4293

Complaints

If you believe that your rights have been violated, then you may submit a formal written complaint to us using the contact information provided above. You may also send a written complaint directly to the Department of Health and Human Services (“HHS”) by using its Health Information Privacy Complaint Package. If you have questions regarding how to file a complaint with HHS you may contact the agency via email at OCRMail@hhs.gov or visit the HHS website at www.hhs.gov.

Revisions

We reserve the right make modifications to our policies and procedures, including to this Notice, as necessary and appropriate to comply with applicable law, including the standards, implementation specifications, and other requirements of the HIPAA Privacy Rule.