

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.

WHO WILL FOLLOW THIS NOTICE

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, obtain payment, or conduct health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. Your “protected health information” means any written or oral information about you, including demographic data, that can be used to identify you, is created or received by your health care provider, or which relates to your past, present, or future physical or mental health or condition.

Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations

We may use your protected health information for the purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless we have obtained your authorization or the use or disclosure is permitted or required by the HIPAA regulations or other law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or electronically.

Treatment. We will use and disclose your protected healthcare information to provide, coordinate, or manage your health care and related services, including coordination and management with third parties for treatment purposes. Here are some examples of how we may use or disclose your protected health information for treatment:

- a) We may disclose your protected health information to a laboratory to order tests.
- b) We may disclose your protected health information to other physicians who may be treating you or consulting with us regarding your care.
- c) We may disclose your protected health information to those who may be involved in your care after you leave here, such as family members or your personal representative.
- d) We may disclose your protected health information when we attempt to contact you by voice, text or other electronic message format to confirm your scheduled appointment with a medical professional, lab or imaging center. In order to communicate with you regarding appointments, we may:
 - I. Call your home, office or cell phone and leave a voice message;
 - II. Send a text message to your cell or mobile device;
 - III. Send you an email notification of an upcoming appointment;
 - IV. Send you text or email notification that a message has been sent to you through a secure patient portal.
 - a. Note that there is no charge from CHMG for sending you reminders via text message; message rates may apply from your mobile carrier.

Payment. We will use your protected health information to obtain payment for the services we provide to you. We may also disclose your protected health information to another provider involved in your care for their payment activities. Here are some examples of how we may use or disclose your protected health information for payment:

- a) We may communicate with your health insurance company to get approval for the services we render, to verify your health insurance coverage, to verify that particular services are covered under your insurance plan, and to demonstrate medical necessity.
- b) We may disclose your protected health information to anesthesia care providers involved in your care so they can obtain payment for their services.

Health Care Operations. We may use and disclose your protected health information to facilitate our own health care operations and to provide quality care to all of our patients. Health care operations include such activities as: quality assessment and improvement; employee review activities; conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance reviews; business planning and development; and business management and general administrative activities. In certain situations, we may also disclose your protected health information to another provider or health plan for their health care operations. Here are some examples of how we may use or disclose your protected health information for health care operations:

- a) We may use your protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- b) We may combine protected health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
- c) We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.
- d) We may also use or disclose your protected health information in the course of maintenance and management of our electronic health information systems.

For Health Information Exchanges (HIE). We may share your protected health information via health information exchanges to better coordinate your care and to participate in quality-based initiatives. CalvertHealth Medical Group (CHMG) has chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your health information available through CRISP by calling 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. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP) will still be available to providers.

We also participate in our community's Calvert Health Information Exchange (C-HIE) which is sponsored by Calvert Memorial Hospital. C-HIE facilitates the secure exchange of your electronic health information between and among several healthcare providers or other healthcare entities for your treatment, payment, or other healthcare operations purposes as permitted by law. This means we may share information we obtain or create about you with participating outside entities (such as hospitals, doctors offices, pharmacies, labs, and imaging centers) or we may receive information about you from participating outside entities (such as medication history, medical history, lab results, and imaging studies) so each of us can provide better treatment and coordination of your healthcare services. Exchange of health information can provide faster access, better coordination of care and assist healthcare providers and public health officials in making more informed treatment decisions. Although we believe that sharing health information among providers of care leads to better healthcare, we want you to be comfortable with how we share your information.

If you wish to “opt-out” of participation in the C-HIE, please request and submit the C-HIE opt-out form at any point during registration. This form is also available on-line at www.calverthealthmedicine.org.

Please note that even if you “opt-out” of the C-HIE and/or CRISP, a certain amount of your information will be retained by the exchange for the purposes of treatment, and your ordering or referring physicians may access diagnostic information about you, such as reports of imaging and lab results.

Other Uses and Disclosures. As part of the functions above, we may use or disclose your protected health information to provide you with appointment reminders, to inform you of treatment alternatives, or to provide you with information about other health-related benefits and services which may be of interest to you.

Uses and Disclosures of Protected Health Information Permitted Without Authorization Required or Opportunity for the Individual to Object

The Federal privacy rules allow us to use or disclose your protected health information without your authorization and without your having the opportunity to object to such use or disclosure in certain circumstances, including:

When Required By Law. We will disclose your protected health information when we are required to do so by federal, state, or local law.

For Public Health Reasons. We may disclose your protected health information as permitted or required by law for the following public health reasons:

- a) For the prevention, control, or reporting of disease, injury or disability;
- b) For the reporting of vital events such as birth or death;
- c) For public health surveillance, investigations, or interventions;
- d) For purposes related to the quality, safety, or effectiveness of FDA-regulated products or activities, including:
 - i. Collection and reporting of adverse events, product defects or problems, or biological product deviations
 - ii. Tracking of FDA-regulated products
 - iii. Product recalls, repairs, or lookback,
 - iv. Post-marketing surveillance
- e) To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition;
- f) Under certain limited circumstances, to report to an employer information about an individual who is a member of the employer’s workforce.

To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe a patient is a victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically authorized or required by law, or when the patient agrees to the disclosure.

For Health Oversight Activities. We may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

For Judicial or Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. We may disclose your protected health information in response to a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal if we have received satisfactory assurances that you have been notified of the request or that an effort has been made to secure a protective order.

For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes, including:

1. In investigations of criminal conduct;
2. In investigations or searches for victims of crime (when unable to obtain a patient's consent);
3. In response to court orders, subpoenas, warrants, summons or in emergency circumstances;
4. To identify or locate a suspect, fugitive, material witness or missing person;
5. Investigation of a death we may believe is a result of criminal conduct;
6. Investigation of criminal conduct at CH or a CHMG practice;
7. In emergency circumstances to report a crime, location of a crime or victims, or the identity, description or location of a person who committed the crime and
8. When required to do so by law.

For Organ or Tissue Donation. We may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating donation and transplant.

For Research Purposes. We may use or disclose your protected health information for research purposes when an institutional review board that has reviewed the research proposal and protocols to safeguard the privacy of your protected health information has approved such use or disclosure. These studies will not affect your treatment or welfare and your PHI will continue to be protected.

To Avert a Serious Threat to Health or Safety. We may, consistent with applicable law and standards of ethical conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or that of the public.

For Specialized Government Functions. We may use or disclose your protected health information, as authorized or required by law, to facilitate specified government functions related to military and veterans activities; national security and intelligence activities; protective services for the President and others; medical suitability determinations; correctional institutions and other law enforcement custodial situations.

For Workers' Compensation. We may use and disclose your protected heath information, as necessary, to comply with workers' compensation laws or similar programs.

Fundraising and Marketing Activities. On occasion we may target fundraising communications to patients. You will always be given the opportunity to opt-out of receiving such targeted fundraising. If you wish to opt-out, please request and submit the form during the registration process. We will never allow third-parties to market goods or services to you without your explicit written permission.

Proof of immunization. With appropriate permission from an adult student, parent or guardian of a child or other person acting on the student's behalf, CHMG may disclose proof of immunization to a school when legally Patient required for attendance. CHMG must receive permission from the adult student, parent or guardian of a child or other person acting on the student's behalf. Permission does not have to be made in writing, it can be made orally and we will document permission appropriately.

Business Associates. We may disclose PHI to our business associates that perform functions on our behalf or provide CHMG with services if the information is necessary for such functions or services. For example we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Uses and Disclosures of Protected Health Information which You Authorize

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. Authorizations are for specific uses of your protected health information, and once you give us authorization, any disclosures we make will be limited to those consistent with the terms of the authorization. You may revoke your authorization, by submitting a revocation in writing, at any time, except to the extent that we have already taken action in reliance upon your authorization.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding your protected health information:

The Right to Request Restriction of Uses and Disclosures. You have the right to request that we not use or disclose certain parts of your protected health information for the purposes of treatment, payment, or healthcare operations. You also have the right to request that we do not disclose your protected health information to friends or family members who may be involved in your care, or for notification purposes as described earlier in this notice. Your request must be made in writing and must state the specific restriction requested and the individuals to whom the restriction applies.

We are not required to agree to a restriction you may request. We will notify you if we do not agree to your restriction request. If we do agree to the restriction request, we will not use or disclose your protected health information in violation of the agreed upon restriction, unless necessary for the provision of emergency treatment.

By law, you do not have a right to access psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding; and protected health information which is subject to a law which prohibits access to protected health information. Depending on the circumstance of your request, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger you or another person, or is likely to cause substantial harm to another person referenced within the protected health information. You have a right to request a review of a denial of access.

The Right to Request Confidential Communications. You have the right to request that you receive communications of protected health information from us by alternative means or at alternative locations. We must accommodate reasonable requests of this nature. We may condition the provision of accommodation by requesting information from you describing how payment will be handled, or by requesting specification of an alternative address or alternative form of contact. Requests for confidential communications must be made in writing to the Privacy Officer.

The Right to Opt-Out of Certain Notifications. You have the right to request that your cell phone or other mobile device number not be used for the delivery of appointment reminders and other notifications by text message or other electronic communications method. To 'opt-out' of such communications, you can complete the Text Message 'opt-out' request form that is available at each CHMG office or on the CHMG website at www.CalvertHealthMedicalGroup.org.

The Right to Inspect and Copy Protected Health Information. You have the right to inspect and obtain a copy of your protected health information that is maintained in a designated record set for as long as we maintain the protected health information. The designated record set is a collection of records maintained by us, which

contains medical and billing information used in the course of your care, and any other information used to make decisions about you. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us as a result of complying with your request. Requests for access to your protected health information must be made in writing to the Privacy Officer.

The Right to Amend Protected Health Information. If you feel that your PHI is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as your PHI is kept by us. You are required to submit your request in writing to our Privacy Officer with an explanation as to why the amendment is needed. If we accept your request, we will tell you what we have agreed to amend and will amend your record(s). We cannot change what is in the record only. We will add supplemental information by an addendum. With your assistance, we will assist in notifying others who have the incorrect or incomplete PHI. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical and billing information kept by CHMG; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is determined to be accurate and complete.

The Right to Receive an Accounting of Disclosures of Protected Health Information. You have the right to request an accounting of disclosures of your protected health information made by us. This right applies to disclosures made by us except for disclosures: to carry out treatment, payment, or health care operations as described in this Notice or incidental to such use; to you or your personal representatives; pursuant to your authorization; for our directory, or other notification purposes, or to termination of the agreement and the termination applies only to protected health information created or received by us after you receive the notice of termination of the restriction.

Requests for disclosure of accounting must specify a time period sought for the accounting, with the maximum time period being six years prior to the date of the request. We will provide the first disclosure accounting you request during any 12-month period without charge. Subsequent accounting of disclosure requests will be subject to a reasonable cost-based fee.

Right to an Electronic Copy of Electronic Medical Records. If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such a format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost based fee for the labor associated with transmitting the electronic medical record.

Right to be notified in the event of a breach. We will notify you if your PHI has been “breached”, which means that your PHI has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

Out-of-pocket Payments. If you paid out-of-pocket expenses (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. You must notify scheduling and/or registration and fill out and sign an exclusionary form and we will honor that request.

The Right to Obtain a Copy of this Notice. You have the right to a paper copy of this notice at any time. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please ask at registration or contact our Privacy Officer at the address or phone number located at the end of this document. You may obtain a copy of this notice at our website, CalvertHealthMedicalGroup.org.

Your Rights Regarding Your Protected Health Information. We are required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the Notice currently in effect. We reserve the right to change our privacy practices and this notice. We reserve the right to make the revised or changed notice effective for your PHI we already have as well as any information we receive in the future. We will post a copy of the current notice. The notice will always contain on the first page, the effective date of the Privacy Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us and the Secretary of the Department of Health and Human Services. All complaints must be in writing and sent to the address provided at the end of this notice. You will not be penalized for filing a complaint.

Contact Information

If you require further information about this Notice, have privacy issues or believe that your privacy rights have been violated, please contact:

CalvertHealth Medical Group
Attn: Privacy Officer
100 Hospital Road
Prince Frederick, MD 20678

Effective Date

This Notice is effective January 1, 2017.

By signing this document, I acknowledge that I have read and understood this Privacy Notice and that a copy of CalvertHealth Medical Group Privacy Notice was offered to me.

Patient Signature

Date

Print Name

Patient Date of Birth