

This Notice of Privacy Practices describes how we, our Business Associates, and their subcontractors may use and disclose your Protected Health Information (PHI) to carry out Treatment, Payment, or Health Care Operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Please review it carefully. This Notice of Privacy Practices is **NOT** an authorization.

We reserve the right to change this notice at any time and to make the revised or changed notice effective in the future. A copy of our current notice will always be posted in the waiting area. You may also obtain your own copy by accessing our website at calvertmedicine.com or calling the Privacy Officer at **410-535-2005**.

Some examples of Protected Health Information include information about your past, present, or future physical or mental health condition, genetic information, or information about your health care benefits under an insurance plan, each when combined with identifying information such as your name, address, social security number, or phone number.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

There are some situations when we do **not** need your written authorization before using your health information or sharing it with others, including:

1. **Treatment:** We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. For example, your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
 - a) We may disclose your protected health information to order laboratory test.
 - b) We may disclose your protected health information to other physicians who may be treating you or consulting with us regarding your case.
 - 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, or to communicate with you about a recent hospital visit. In order to communicate with you regarding appointments or hospital visits, 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 a text or email notification that a message has been sent to you through a secure patient portal.
 - Note that there is no charge from CIMG for sending you reminders via text message; message rates may apply from your mobile carrier.
 - These communications may be made by a member of our staff, or through a HIPAA compliant Artificial Intelligence (AI) service.
 - 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 appropriate “opt-out” request form that is available at each CIMG office or on the CIMG website at www.calvertmedicine.com
2. **Payment:** Your Protected Health Information may be used, as needed, to obtain payment for your health care services after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.

3. **Healthcare Operations:** We may use or disclose your Protected Health Information to support administrative, financial, legal, and quality-improvement activities of the practice. These are activities we perform to operate the practice, such as quality assessment, employee review, and training.
4. **Appointment Reminders and Health-related Benefits and Services:** We may use or disclose your Protected Health Information, as necessary, to contact you for the following purposes:
 - a) Appointment Reminders: To remind you of upcoming appointments with our providers, laboratory, or imaging services.
 - b) Hospital follow-up. To contact you about a recent hospital visit to check on your symptoms, your medication, or your need for a follow-up visit.
 - c) Health-related Benefits and Services: To inform you about treatment alternatives, wellness programs, or other health-related services that may be of interest to you.
 - d) Patient Surveys: To request feedback through patient satisfaction surveys or other quality improvement initiatives intended to enhance the services we provide. Survey communications may be delivered via phone call, email, text message, or through our secure patient portal.

We may contact you using one or more of the following methods:

- a) Calling your home, office, or cell phone and leaving a voice message;
- b) Sending a text message to your cell or mobile device;
- c) Sending an email notification;
- d) Sending a secure message or message notification through the patient portal.
 - Note that there is no charge from CIMG for sending you reminders or surveys via text message; message and data rates may apply from your mobile carrier.
 - These communications may be made by a member of our staff, or through a HIPAA compliant Artificial Intelligence (AI) service.
 - Right to Opt-Out of Certain Notifications: You have the right to request that your mobile number or email address not be used for appointment reminders, surveys, or other non-essential notifications via text message or electronic communication. To opt out, you may do so by calling our office at **410-535-2005** or submitting a request using your patient portal account at calvertmedicine.com.
5. **Friends and Family Involved in Your Care:** If you have not voiced an objection, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for your care, including following your death.
6. **Business Associate:** We may disclose your health information to contractors, agents and other “business associates” who need the information to assist us with obtaining payment or carrying out our business operations. For example, a billing company, an accounting firm, or a law firm that provides professional advice to us. Business associates are required by law to abide by the HIPAA regulations.
7. **Proof of Immunization:** We may disclose proof of immunization to a school about a student or prospective student of the school, as required by State or other law. Authorization (which may be oral) may be obtained from a parent, guardian, or other person acting in loco parentis, or by the adult or emancipated minor.
8. **Incidental Disclosures:** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.
9. **Emergencies or Public Need:** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you.

We may use or disclose your Protected Health Information in the following situations without your authorization: as required by law, public health issues, communicable diseases, abuse, neglect or domestic violence, health oversight, lawsuits and disputes, law enforcement, to avert a serious and imminent threat to health or safety, national security and intelligence activities or protective services, military and veterans, inmates and correctional institutions, workers’ compensation, coroners, medical examiners and funeral directors, organ and tissue donation, and other required uses and disclosures. We may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about to comply with employment laws. Under the law, we must also disclose your Protected Health Information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

Chesapeake Regional Information System (CRISP)

We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange 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.

FIGmd

If you are a CareFirst member, please be aware we transmit your health record directly to CareFirst using the third party FIGmd. FIGmd is a business associate we use to assist us with payment and business operations.

Requirement for Written Authorization

There are certain situations where we must obtain your written authorization before using your health information or sharing it, including:

- **Most Uses of Psychotherapy Notes**, when appropriate.
- **Marketing:** We may not disclose any of your health information for marketing purposes if our practice will receive direct or indirect financial payment not reasonably related to our practice's cost of making the communication.
- **Sale of Protected Health Information:** We will not sell your Protected Health Information to third parties.
- **You may revoke the written authorization**, at any time, except when we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer at our practice. You may also initiate the transfer of your records to another person by completing a written authorization form.

PATIENT RIGHTS

Right to Inspect and Copy Records. You have the right to inspect and obtain a copy of your health information, including medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the practice. We may charge a fee for the costs of copying, mailing or other supplies in accordance with federal and Maryland law. If you would like an electronic copy of your health information, we will provide one to you as long as we can readily produce such information in the form requested. In some limited circumstances, we may deny the request. Under federal law, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information related to medical research where you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

Right to Amend Records. If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment in writing. If we deny your request, we will provide a written notice that explains our reasons. You will have the right to have certain information related to your request included in your records.

Right to an Accounting of Disclosures. You have a right to request an “accounting of disclosures” every 12 months, **except** for disclosures made with the patient's or personal representatives written authorization; for purposes of treatment, payment, healthcare operations; required by law, or six (6) years prior to the date of the request. To obtain a request form for an accounting of disclosures, please write to the Privacy Officer as indicated on the last page of this notice.

Right to Receive Notification of a Breach. You have the right to be notified within sixty (60) days of the discovery of a breach of your unsecured protected health information if there is more than a low probability the information has been compromised.

Right to Request Restrictions. You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, run our normal business operations or disclose information about you to family or friends involved in your care. Your request must state the specific restrictions requested and to whom you want the restriction to apply. Your physician is not required to agree to your request except if you request that the physician not disclose Protected Health Information to your health plan when you have paid in full out of pocket.

Right to Request Confidential Communications. You have the right to request that we contact you about your medical matters in a more confidential way, such as calling you at work instead of at home. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

Right to Have Someone Act on Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

Right to Obtain a Copy of Notices. If you are receiving this Notice electronically, you have the right to a paper copy of this Notice.

Use and Disclosures Where Special Protections May Apply. Some kinds of information, such as alcohol and substance abuse treatment, HIV-related, mental health, psychotherapy, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Please be aware that after we have shared your information in a permitted way, it is possible for the information to be redisclosed by the recipient, including substance use disorder treatment records. Upon redisclosure, this information may be disclosed in accordance with the HIPAA Privacy Rule and will no longer receive heightened Part 2 protections.

For questions about your privacy rights, or to report a complaint

Right to File a Complaint. If you believe your privacy rights have been violated by us, you may file a complaint with us by contacting our Privacy Officer as indicated below. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not withhold treatment or take action against you for filing a complaint.

All complaints must be submitted in writing. If you have questions about your medical care, please contact your treatment provider directly. For matters relating to the privacy and security of your Protected Health Information, contact:

Calvert Internal Medicine Group
985 Prince Frederick Blvd, Suite 201
Prince Frederick, MD 20678
Attention: Privacy Officer
Phone: 410-535-2005
Email: privacy@calvertmedicine.com
www.calvertmedicine.com
