

NOTICE OF PRIVACY PRACTICES

This Notice Described How Medical Information About You May be Used and Disclosed and How You Can Get Access to This Information.

Please Read Carefully.

This Notice of Privacy Practices describes and discloses how health information about you is used for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices. Please review it carefully. You can request a copy of this notice at any time.

To provide you care, Meridian Therapeutics Clinic LLC must collect, create and maintain health information about you, which includes any individually identifiable information that we obtain from you, or others, that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. Meridian Therapeutics Clinic LLC is required by law to maintain the privacy of this information. This Notice of Privacy Practices (this “Notice”) describes how your health information may be used and disclosed and explains certain rights you have regarding this information. Meridian Therapeutics Clinic LLC is required by law to provide you with this Notice and will comply with the terms as stated

How Provider Uses and Discloses Your Health Information

Meridian Therapeutics Clinic LLC protects your health information from inappropriate use and disclosure, and will use and disclose your health information only for the purposes listed below:

1. Treatment: We may use and disclose your healthcare information to provide, coordinate, or manage your mental health care and related services. This includes sharing information with other healthcare providers involved in your treatment.
2. Payment: There are no disclosures made to billing insurance companies, insurance companies or third-party payers as our office is self-pay for treatment.
3. Healthcare Operations: We may use and disclose your healthcare information for activities necessary to support our practice’s operations. This includes quality assessment and improvement, training of staff, legal and regulatory compliance, and business planning.
4. Appointment Reminders: We may contact you to provide appointment reminders or to reschedule appointments. These reminders may be sent via phone, email, or text message.
5. Communication with Individuals Involved in Your Care: **With your consent**, we may disclose your healthcare information to family members, friends, or other individuals involved in your care. This would only be done to facilitate your treatment or to notify them about your condition, location, or general well-being.
6. Required by Law: We may use or disclose your healthcare information when required by federal, state, or local law.
7. Public Health: We may disclose healthcare information for public health activities, such as reporting communicable diseases or adverse events, as required by law.
8. Research: In certain circumstances, we may use or disclose your healthcare information for research purposes. Any research involving your information would be subject to strict privacy protections.
9. Judicial and Administrative Proceedings: We may disclose your healthcare information in response to a court order, subpoena, or other lawful process.
10. Law Enforcement: We may also share information with law enforcement agencies regarding crimes committed on our premises or to identify or locate a suspect or witness. Additionally, regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.
11. Health Oversight Activities: We may disclose healthcare information to government agencies or health oversight organizations for activities such as audits, investigations, inspections, and licensure.

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11. **Business Associates:** We may disclose your healthcare information to our business associates, who are individuals or organizations that perform services on our behalf. They are obligated to protect the privacy and security of your information.

12. **Obtaining Your Authorization for Other Uses and Disclosures.** Certain uses and disclosures of your health information will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of health information under the Privacy Rule.

Meridian Therapeutics Clinic LLC will not use or disclose your health information for any purpose not specified in this Notice unless we obtain your express written authorization or the authorization of your legally appointed representative. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization to provide your care.

Your Rights Regarding Your Health Information

As a patient, you have the following rights regarding your healthcare information:

1. **Right to Access:** You have the right to access and obtain a copy of your healthcare information held by our practice, with certain limited exceptions. Requests for access should be made in writing to our Privacy Officer.
2. **Right to Request Amendments:** If you believe that your healthcare information is incorrect or incomplete, you have the right to request an amendment. Your request must be made in writing, providing a reason to support the amendment, and sent to our Privacy Officer.
3. **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures of your healthcare information made by our practice in the last six years. The list will not include disclosures made for treatment, payment, healthcare operations, or those authorized by you.
4. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your healthcare information. We are not required to agree to your request but will make efforts to accommodate reasonable requests.
5. **Right to Request Confidential Communications:** You have the right to request how we communicate with you about your healthcare information, such as using a specific phone number or address.
6. **Right to File a Complaint:** If you believe your privacy rights have been violated, you have the right to file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. Filing a complaint will not affect your care or treatment.
7. **Protection of Substance Use Information:** We understand the sensitive nature of substance use information and are committed to protecting the confidentiality of your substance use-related medical information. Federal laws and regulations, such as 42 CFR Part 2, provide additional protections for substance use disorder information. We will comply with these regulations and limit the disclosure of your substance use information, except as required by law or with your written consent.
8. **Mandatory Reporting Obligations:** As healthcare providers, we have mandatory reporting obligations in cases where we have reason to suspect child abuse, elder abuse, or others. In such situations, we are legally required to make reports to the appropriate authorities for further investigation or intervention, even without your consent or notification.

Our Responsibilities We Are Committed To:

- Protecting the privacy and confidentiality of your healthcare information.
- Providing you with this Notice of Privacy Practices and following its terms.
- Notifying you in the event of a breach of your unsecured medical information.
- Abiding by the terms of the Notice currently in effect.

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Contact Information

- If you are concerned that your privacy rights have been violated, you may contact our office or you may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us.
- Meridian Therapeutics Clinic LLC, 602-6704265 or info@meridianclinic.org

- The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services

HIPAA Complaint

7500 Security Blvd., C5-24-04

Baltimore, MD 21244

Changes to this Notice

- We reserve the right to modify this Notice of Privacy Practices at any time. If the terms of the Notice are changed, the new terms will apply to all your health information, whether created or received by Meridian Therapeutics Clinic LLC before or after the date on which the Notice is changed. Any material changes will be promptly posted in our office and on our website, if applicable.