

NOTICE OF PRIVACY PRACTICES

Effective Date: *March 19, 2020*

Your Advantia Health medical practice located in Maryland is committed to protecting the privacy of medical information that we create or obtain about you.

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.**

In a Nutshell: Your Rights, Your Choices, Our Uses and Disclosures

<p>Your Rights</p>	<p>You have the right to:</p> <ul style="list-style-type: none"> • Obtain a copy of your paper or electronic medical record • Correct your paper or electronic medical record • Request confidential communication • Ask us to limit the information we share • Obtain a list of those with whom we've shared your information • Obtain a copy of this privacy notice • Choose someone to act for you • File a complaint if you believe your privacy rights have been violated 	<p>See Page 2</p> <p><i>for more information on your rights and how to exercise them</i></p>
<p>Your Choices</p>	<p>You have some choices in the way that we use and share information to:</p> <ul style="list-style-type: none"> • Communicate with family and friends about your condition • Provide disaster relief • Provide mental health care • Market our services and sell your information • Fundraise 	<p>See Page 3</p> <p><i>for more information on your choices and how to exercise them</i></p>
<p>Our Uses and Disclosures</p>	<p>We may use and share your information as we:</p> <ul style="list-style-type: none"> • Treat you • Run our organization • Bill for your services • Help with public health and safety issues • Do research • Comply with the law • Respond to organ and tissue donation requests • Work with a medical examiner or funeral director • Address workers' compensation, law enforcement, and other government requests • Respond to lawsuits and legal actions 	<p>See Pages 3 and 4</p> <p><i>for more information on our uses and disclosures</i></p>

Your Rights

This section explains your rights to your health information and some of our responsibilities to help you.

You have the right to:

<p>Obtain an electronic or paper copy of your medical record</p>	<ul style="list-style-type: none"> You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 21 working days of your request. We may charge a reasonable, cost-based fee. <i>For mental health care only, your right of access does not include access to certain personal notes written by your therapist and maintained separately from your medical record. In addition, we may refuse to disclose a specific portion of your mental health medical record if your therapist believes it would be injurious to your health. In that case, upon your written request, we will provide you with a summary of the requested portions and permit another healthcare provider to examine and copy this information.</i>
<p>Ask us to correct your medical record</p>	<ul style="list-style-type: none"> You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> You may ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations. We will say "yes" unless a law requires us to share that information.
<p>Obtain a list of those with whom we've shared your information</p>	<ul style="list-style-type: none"> You may ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, with whom we shared it, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<p>Obtain a copy of this Privacy Notice</p>	<ul style="list-style-type: none"> You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> You may complain if you feel we have violated your privacy rights by contacting our Compliance Officer at compliance@advantiahealth.com or 571-257-1480 You may also 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 www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p>In the following cases, you have both the right and choice to tell us whether to:</p>	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a facility directory <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<p>In the following cases, we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
<p>In the case of fundraising:</p>	<p>We may contact you for fundraising efforts that we support, but you may request that we not contact you again for this purpose.</p>

Our Uses and Disclosures

We typically use or share your health information in the following ways that are allowed by law:

<p>Treat you</p>	<p>We may use your health information and share it with other professionals who are treating you.</p>	<p>Example: A doctor treating you for an injury asks one of our doctors about your overall health condition.</p>
<p>Run our organization</p>	<p>We may use and share your health information to run our organization, improve your care, and contact you when necessary.</p>	<p>Example: We use health information about you to manage your treatment and services and to improve quality of the care we provide.</p>
<p>Bill for our services</p>	<p>We may use and share your health information to bill and get payment from health plans or other entities.</p>	<p>Example: We provide information about you to your health insurance plan so it will pay for your services.</p>

Other ways we may use or share your health information:

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<p>We can share health information about you for certain situations, such as:</p> <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety. • <i>For mental health care</i>, if our therapist is aware of a patient's propensity for violence and the patient communicates to the therapist an intention to inflict imminent physical injury upon a specified victim or victims, that therapist may be required by law to warn law enforcement agencies and specified victim(s), or take certain other steps to provide protection from the patient's violent behavior.
Conduct research	<ul style="list-style-type: none"> • We may use or share your information for health research.
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if the Department wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We may share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We may share health information with a coroner, medical examiner, or funeral director when a patient dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We may use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena. • For certain cases in which we are permitted or required to share your information without your authorization, we are nonetheless required to provide you with advance notice so that you may attempt to legally object or block the disclosure (for example, by filing a motion to quash the subpoena). • For mental health records, we are also required to take certain additional precautions.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices currently described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Health Information Exchange

We participate in the Chesapeake Regional Information Systems for our Patients (CRISP), a statewide Internet-based health information exchange. As permitted by law, your health information will be shared with this exchange to securely provide faster access and communication between providers and better coordination of care. You may "opt-out" and disable all 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. Nevertheless, please note that even if you opt-out, a certain amount of your health information will remain in the exchange. Specifically, healthcare providers who participate in CRISP may continue to access certain diagnostic information related to tests, procedures, etc., ordered for you. They may send this information to other providers to whom you have been referred for evaluation or treatment through CRISP's secure messaging services.

- We do not exchange *mental health* care information using CRISP.

Affiliated Covered Entity

As an affiliated covered entity, this notice applies to any healthcare entity owned or under common control of Advantia Holdings, LLC, located in the state of Maryland, now or in the future.

Maryland Law

If federal privacy law and Maryland law conflict, and the Maryland law is more protective of your information or provides you with greater access to your information, then we will follow the Maryland law.

Changes to the Terms of this Notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Other Particularly Sensitive Conditions

Certain other types of health information may have additional protection under Maryland law. For example, health information about HIV/AIDS and mental health information is treated differently than other types of health information under Maryland law. These categories of information generally will not be disclosed without your consent.

Effective Date

The effective date of this Notice is March 19, 2020.

Contact Us

For more information, please contact the Advantia Health Chief Compliance Officer at 1001 19th Street North, Suite 1001, Rosslyn, VA, 22209 or by email compliance@advantiahealth.com.