

# Notice of Privacy Practices

Effective Date: November 31, 2023

- **Your Information. Your Rights. Our Responsibilities.**

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.**

## **PatientWell Connect, LLC Commitment to Your Privacy**

PatientWell Connect, respects and is committed to protecting the privacy of your medical information.

This Notice explains to you the ways in which we may use and disclose medical information about you. It also described your rights and obligations we have regarding use and disclosure of your medical information. PatientWell Connect is required by law to maintain the privacy and security of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI.

## **Who Will Follow This Notice**

The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, or ancillary staff of PatientWell Connect.

Your Information. Your Rights. Our Responsibilities.

In this Notice, we describe:

Information We Collect About You:

- When We Use and Share Your Information
- When we Must Share Your Information
- When We Need Your Authorization to Use or Share Your Information
- Your Rights Regarding Your Information
- How we Keep Your Information Safe
- Changes to the Terms of This Notice

## **How We May Use and Disclose Medical Information About You**

The following sections describe different ways we may use and disclose your medical information. We abide by all applicable laws related to the protection of this information.

Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories:

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive.** We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Health care operations.** We can use and disclose your information to run our company and contact you when necessary. We are not allowed to use genetic information to decide whether we will provide treatment.

*Example: We use health information about you to develop better services for you.*

**Payment.** We may use and disclose medical information about you so that the treatment and services you receive with PatientWell Connect can be billed to you and payment collected from a third party.

*Example: We may need to give your information to a third-party billing company about care you received with PatientWell Connect to be reimbursed for your care.*

**Health information exchange.** We may share information that we obtain or create about you with other health care providers or other health care entities, as permitted by law, through Health Information Exchanges (HIEs) in which we participate.

*Example: Information about your past medical care and current medical conditions and medications can be available to us or from third-party healthcare organization, if they participate in the HIE as well. Exchange of health information can provide faster access, better coordination of care, and assist providers and public health officials and making more informed decisions.*

**Appointment Reminders.** We may contact you about an appointment for treatment or medical care. This may be by mail, telephone, answering machine, email, or text message.

**Treatment Alternatives, Benefits and Services.** We may contact you about possible treatment options or alternatives and other health-related benefits and services.

## **When we Must Share Your 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 must 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues.** We can share health information about you for certain situations such as:

- 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

**Do research.** We can use or share your information for health research.

**Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director.** We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests.** We can 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.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Provide data to Chesapeake Regional Information System for our Patients (CRISP)**

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. As a participant in CRISP, we may share and exchange information that we obtain or create about you for treatment and public health purposes, as permitted by applicable law. This exchange of health information can provide faster access to critical information about your medical condition, improve the coordination of your health care, and assist health care providers and public health officials in making more informed treatment decisions.

You have the right to "opt-out" of CRISP, which will prevent health care providers from accessing some of the information available through the exchange. However, even if you opt-out, a certain amount of your health information will remain in the exchange. Specifically, health care providers who participate in CRISP may continue to access certain diagnostic information related to tests, procedures, etc. that have been ordered for you (e.g., imaging reports and lab results), and they may send this information to other health providers to whom you have been referred for evaluation or treatment through CRISP's secure messaging services. You may opt-out of CRISP by calling 1-877-952-7477, or by submitting a completed Opt-Out Form to CRISP by mail, fax, or through their website at [www.crisphealth.org](http://www.crisphealth.org).

## **When We Need Your Authorization to Use and Share Your Information**

### **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 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. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Right to Access PHI.** You can ask to see or get a copy of your health and claims records 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 and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask to request an amendment.** You can ask us to correct your health and claims records if you think they are 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.

**Request confidential communications.** You can 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 consider all reasonable requests and must say “yes” if you tell us, you would be in danger if we do not.

Ask us to limit what we use or share. You can 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.

**Right to Request an Accounting of Disclosures.** You have a right to receive an accounting of disclosures PatientWell Connect has made of your PHI. To request an accounting of disclosures, you must submit your request in writing to PatientWell Connect Privacy Officer, contact found at the end of this form. You can ask for a list (accounting) of the times we’ve shared your health information for three years prior to the date you ask, who we shared it with, 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). All accounting will be charged at a reasonable, cost-based fee.

**Get a copy of this privacy notice.** You can 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.

**Choose someone to act for you.** 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.

**File a complaint if you feel your rights are violated.** For questions about your privacy rights, or to report a complaint

Contact persons are listed below for PatientWell Connect, LLC to (i) address questions you may have regarding your privacy rights; and (ii) to report complaints if you believe your **privacy rights** have been violated. All complaints must be submitted in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

If you have questions about your medical care, please contact your treatment provider directly. The numbers below are only for matters relating to the privacy and security PHI.

PatientWell Connect, LLC  
Attention: Privacy Officer  
6800 Wisconsin Ave, #1023  
Chevy Chase MD, 20815

**How We Keep Your PHI Safe. For certain health information, you can tell us your choices about what we share.** The security of your PHI is very important to use and all the PHI you provide to PatientWell Connect is protected by strict security safeguards. We use administrative, technical, and physical safeguards to keep your PHI from unauthorized access, and other threats and hazards to its security and integrity. We base our security program on complying with state and federal law, including HIPPA Security Regulations, as well as industry best practices. If your unsecured PHI is disclosed to an unauthorized person, despite our security safeguards, we will notify you promptly if such disclosure may have compromised the privacy or security of the PHI.

### **Changes to the Terms of this Notice**

PatientWell Connect LLC reserves the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice is available from our web site, and will make the new Notice available upon request.

PatientWell Connect, LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices regarding PatientWell Connect, LLC please contact: