

This notice describes how medical information about you, also known as protected health information (PHI) may be used and disclosed and how you can get access to this information. Medsurant Health understands the importance of privacy and are committed to maintaining the confidentiality of your medical information.

We are Required by Law to Provide You with this Notice Under the Following Circumstances:

- When you are a new patient to our practice
- When this notice has been updated (This notice was updated July 2019)

Please review it carefully, and maintain it with your important health papers. The terms of this Notice of Privacy Practices apply to the physician office practice of Medsurant Health 100 Front Street, Suite 280, West Conshohocken, PA 19428. The members of this practice will share personal health information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to their personal health information.

We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. Should we make any revisions to this Notice, you will receive a new Notice on the next occasion that you receive services from our practice. A copy of the Notice may be requested any time by calling 484.351.8459 from our website www.medsurantholdings.com or by mailing a request to 100 Front Street, Suite 280, West Conshohocken, PA 19428 Attention: Compliance Officer

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Authorization

Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization at any time. You must revoke the authorization in writing. Revoking authorization does not apply to information used or disclosed by us prior to receipt of your written notice revoking authorization.

Uses and Disclosures for Treatment

We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, and other services. We may also release your personal health information to another health care facility or professional who is not affiliated with our practice but who is or will be providing treatment to you. For instance, if you are referred to another physician / specialist, we may release your personal health information to that practitioner.

Uses and Disclosures for Payment

We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals that have treated you or provided services to you. For instance, we may forward information regarding your medical treatment to your insurance company to obtain approval and arrange payment for the services provided to you. We may use your information to prepare a bill to send to you or to the person responsible for your payment for services you received. We may disclose your information to others who have provided care to you for their billing purposes as well.

Uses and Disclosures for Health Care Operations

We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, business management, accreditation, licensing, and other matters. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your personal health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Family and Friends Involved In Your Care

We may from time to time disclose limited personal health information to designated family members who are involved in your care or in payment of your care. This is to help that person in caring for you or in arranging payment for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, we may determine that a limited disclosure may be in your best interest. In this case, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, and other services. At times it may be necessary for us to provide certain parts of your personal health information to one or more of these outside persons or organizations to assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Appointments and Services

We may contact you to provide appointment reminders, test results, information about treatment alternatives, or other health related benefits and services that may be of interest to you. You have the right to request that we communicate with you by an alternative method or at an alternate location. We will try to accommodate such requests if it is within our capability to do so. For example, you may wish appointment reminders and other messages to not be left on message machines/voicemail, but rather be called to an alternate phone number, or sent to an alternate address. You must request such confidential communication in writing and send your request to 100 Front Street, Suite 280, West Conshohocken, PA 19428 Attention: Compliance Officer

Research

In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research and that limit their use and disclosure of patient information.

Other Uses and Disclosures

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. We may release your personal health information:

- For any purpose required by law, such as reporting of criminal activities, warning of a threat to harm oneself or someone else
- For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations
- As required by law if we suspect abuse or neglect of a child or elder, or if we believe you to be a victim of abuse, neglect, or domestic violence
- To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls
- To your employer when we have provided health care to you at the request of your employer. In most cases; however, you will be requested to authorize information to be disclosed to your employer
- If required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings
- To workers' compensation agencies if necessary for your workers' compensation benefit determination.
- If required to do so by a court or administrative order
- To law enforcement officials as required by law to report wounds and injuries and crimes
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (i) for the institution to provide health care services to you, (ii) for the safety and security of the institution, and/or (iii) to protect your health and safety or the health and safety of other individuals.

- To coroners and/or funeral directors when it may be necessary, for example to determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

- If necessary to arrange an authorized organ or tissue donation from you or a transplant for you, when appropriate, to organizations that handle organ and tissue procurement, banking, or transplantation.

- In limited portions for certain research purposes, which such research is approved by an Institutional Review Board with established rules to ensure privacy, including clinical registries and databases

- If you are member of the military as required by armed forces services. We may also release your personal health information if necessary for national security or intelligence activities

- We may release your personal health information, billing information, contact information and demographic information to others who have provided care for you

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information

You have the right to review and/or obtain a copy of much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your appropriately designated representative. We may also charge you a specified amount per page if you request a copy of the information. We may also charge for postage if you request a mailed copy and may charge for preparing a summary of the requested information if you request such summary.

Inspection and Copies

You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including your medical records and billing records, but not any psychotherapy notes we have in our possession. You must submit your request in writing to the Compliance Officer in order to inspect and/or obtain a copy of your medical information. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The Practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your request, but by another licensed health care professional chosen by us.

Amendments to Your Personal Health Information

You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your appropriately designated representative, and must state the reason(s) for the amendment/correction request. If we make the requested changes, we may also notify others who work with us and have copies of the uncorrected record, if we believe that such notification is necessary.

Accounting for Disclosures of Your Personal Health Information

You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your appropriately designated representative. The first accounting in any 12-month period is free. You may be charged a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Personal Health Information

You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. This request must be made in writing. We are not required to agree to your restriction request, but will attempt to accommodate reasonable requests. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.

Right to Provide an Authorization for any Marketing and Sale of your Medical Information or Other Uses and Disclosures

The Practice will obtain your written authorization for any marketing and sale of your medical information and for uses and disclosures of your medical information that are not identified by this Notice or are not permitted by applicable law. Any information you provide us regarding the use and disclosure of your medical information may be revoked by you at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission.

Confidential Communications

You have the right to request that our practice communicates with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home, rather than work. In order to request a confidential communication, you must make a written request to the Compliance Officer specifying the requested method of contact, or the location where you wish to be contacted. The Practice will accommodate reasonable requests. You do not need to give a reason for your request but if your request is based on your belief that if the request is not accepted you could be endangered, you should tell us and we will accommodate the request.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with us. You may also file a complaint with governmental authorities in writing within 180 days of a violation of your rights. There will be no retaliation in response for filing a complaint. Although complaints must be filed in writing, you may contact them by telephone if you so choose.

Regional Office for Civil Rights — U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-911
Voice Phone (800) 368-1019; FAX (202) 619-3818; TDD (800) 537-7697

- You will be notified if a breach of unsecured protected health information has occurred.

- You have the right to opt out of the fundraising communications from the Practice and the Practice cannot sell your health information without your authorization.
- You have the right to request a copy of your electronic medical record in electronic format.
- If you pay the Practice out-of-pocket in full for your treatment, then you can instruct the Practice not to share information about your treatment with your health plan.

Acknowledgment of Receipt of Notice

You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices. As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

WHO WILL FOLLOW THIS NOTICE

- Any practitioner or other person employed by or otherwise associated with Medsurant Health who is part of your care or otherwise has access to your medical information.
- All contractors or business associates who may otherwise have access or incidental access to your medical information

The Federal law that protects the confidentiality of your medical information is known by the acronym HIPAA, which is derived from the Health Information Portability and Accountability Act of 1996. HIPAA overrides state law when it provides more protection of your medical information but is subordinate to state law and regulation when state law provides more protection than that provided by HIPAA. This Notice is one required by HIPAA, but Medsurant Health is also equally committed to maintain the confidentiality of your medical information as required by applicable state law and regulation.

For Further Information

If you have questions or need further assistance regarding this Notice, you may contact us 100 Front Street, Suite 280, West Conshohocken, PA 19428 Attention: Compliance Officer