

PLEASE REVIEW THIS DOCUMENT AND SIGN AT THE BOTTOM OF PAGE

## NOTICE OF PRIVACY PRACTICES

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.

Who We Are.

This Notice describes the privacy practice of Bryn Mawr Personalized Primary Care, PC (BMPPC).

While treating you, our employees, volunteers, students and health care professionals affiliated with BMPPC follow this Notice. In addition, any person involved in your care, entities, sites and locations may share medical information about you with each other for treatment, payment or health care operations as described in this notice.

We are required by law to maintain the privacy of your health information and to provide you with this Notice.

Our Duties to Safeguard your Protected Health Information.

Protected Health Information ("PHI") is any information related to your health care that is shared or maintained in any manner. It includes your insurance information as well. This Notice applies to all PHI generated by BMPPC. Non-BMPPC physicians may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office.

This Notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

make sure that your PHI is kept private;

give you this Notice of our legal duties and privacy practices related to your PHI; and,

follow the terms of the Notice that is currently in effect.

How BMPPC May Use and Disclose Medical Information About You:

Except in an emergency or other special situations, we will ask you to sign a general consent, as required by Pennsylvania law, so that we may use and disclose your PHI for the following purposes:

Treatment. We may use and disclose PHI about you in connection with your treatment, for example to diagnose you. In addition, we may contact you to remind you about appointments,

give you instructions prior to tests or surgery, or inform you about treatment alternatives or other health related benefits or services.

We may also disclose your PHI to other providers, doctors, nurses, technicians, medical students, hospital personnel or other health care facilities or entities for treatment, care coordination or quality improvement activities. We will communicate this PHI using phone, fax, Elation Health and Spruce electronic record transfer.

**Payment.** We may use and disclose your PHI to obtain payment for services we provide to you. For example, we may contact your insurance company to pay for the services you receive, to verify that your insurer will pay for the services, to coordinate benefits, or to collect any outstanding accounts. We may contact Hint Health to pay for membership fees.

**Health Care Operations.** We may use and disclose your PHI for health care operations which include: activities related to evaluating treatment effectiveness, teaching and learning purposes, evaluating the quality of our services, investigating complaints related to service, fundraising activities and marketing activities.

**Other Health Care Providers.** We may also disclose your PHI to other health care providers when such PHI is required for them to treat you, receive payment for services you receive or conduct certain health care operations. For example, we will share your PHI with an ambulance company so the ambulance company can be reimbursed for transporting you to the hospital.

**Health Information Exchange.** A health information exchange ("HIE") is a network that allows HIE participants to share patient's PHI for treatment, payment and healthcare operations purposes and other lawful purposes to the extent permitted by law ("Permitted Purposes"). HIEs make it possible for us to electronically share patients' PHI to coordinate their care, obtain billing information, and participate in quality improvement, public health and population health initiatives, among other things. Participants in the HIE may be healthcare providers, their billing companies, insurers, health plans, and accountable care organizations ("Participants"). Note that sensitive information (such as information relating to mental health, drug and alcohol treatment, HIV status and sexually transmitted diseases) may be contained in the documents accessed through the HIE.

**Opting Out of HIEs.** You may opt out of participating in all of the HIEs that BMPPC participates in, but we encourage you to discuss this with your provider as it limits our access to your records and may negatively impact your care.

#### IV. Other Uses and Disclosures of Your PHI for which Authorization is Not Required.

**Disclosure to Relatives and Close Friends.** We may disclose your PHI to a family member, other relative, a close personal friend or any other person if we: 1) obtain your agreement; 2) provide

you with the opportunity to object to the disclosure; or, 3) we can reasonably infer that you do not object to the disclosure.

**Incapacity or Emergency Circumstances.** If you are not present, or the opportunity to agree or object to a use or disclosure cannot practically be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure to relatives and/or close friends is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care.

**Public Health Activities.** We may disclose your PHI for public health activities including the following:

Reporting deaths

To prevent or control disease, injury or disability

To report child abuse or neglect

To report reactions to medications or problems with products

To notify individuals who may have been exposed to a disease or may be at risk for contracting a disease or condition

Reporting PHI to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance

**Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, in accordance with current Pennsylvania law, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency that is responsible to ensure compliance with rules of government health programs such as Medicare. These oversight activities include, for example, audits, investigations, inspections and licensure.

**Legal Proceedings and Law Enforcement.** We may disclose your PHI in response to a court order, subpoena, or other lawful process.

**Deceased Persons.** We may release PHI to a coroner or medical examiner authorized by law to receive such information.

**Organ and Tissue Donation.** We may disclose your PHI to organizations that obtain organs or tissues for banking and/or transplantation.

**Public Safety.** We may use or disclose your PHI to prevent or lessen a serious or imminent threat to the safety of a person or the public.

Disaster Relief Efforts. We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Military, National Defense and Security. We may release your PHI if required for military, national defense and security and other special government functions.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Communications from Us. We may use or disclose your PHI to identify health-related services and products that may be beneficial to your health, such as notification of a new physician and/or additional products and services, and then contact you about those products and services. If you do not wish to receive information of this type, please inform your provider.

As Required by Law. We may use and disclose your PHI when required to do so by any other laws not already referenced above.

#### V. Uses and Disclosures Requiring Your Specific Authorization.

Highly Confidential Information. Federal and State laws require special privacy protections for certain highly confidential information about you. This includes PHI that is: 1) maintained in psychotherapy notes; 2) documentation related to mental health or developmental disabilities services; 3) drug and alcohol abuse, prevention, treatment and referral information; and, 4) information related to HIV status, testing and treatment as well as any information related to the treatment or diagnosis of sexually transmitted diseases. Generally, we must obtain your authorization to release this type of PHI. However, there are limited circumstances under the law when this type of PHI may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

Other Uses or Disclosures Not Described in this Notice. Other uses and disclosures of PHI not covered by this Notice or permitted under the laws that apply to us will be made only with your written permission. Except as permitted under this Notice or as permitted by law, we will seek your written permission prior to using or sharing your information for marketing purposes or selling your information. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain a record of the care that we provided to you.

#### Your Rights Regarding Medical Information About You.

You have the following rights regarding PHI we maintain about you:

**Right to Obtain.** You have the right to request your PHI, excluding psychotherapy notes, in a hard-copy or electronic format, if we maintain the PHI in an electronic format. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

**Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care, excluding psychotherapy notes.

**Right to Amend.** You have the right to request that we amend the PHI we keep about you in your medical and billing records. Please submit requests in writing to your primary care provider.

Your provider will review amendment requests to the medical record. We may deny your request if we believe the information you wish to amend is accurate, current and complete without your requested amendment, or the PHI was not created by BMPPC, or other special circumstances apply.

**Right to an Accounting of Disclosures.** You have the right to request a record of all disclosures of your PHI. We are not required to give you an accounting of information we have used or disclosed for treatment, payment or health care operations or information you authorized us to disclose.

Your request may cover any disclosures made in the six years prior to the date of your request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. If we agree to a restriction, we will abide by restrictions unless a disclosure is needed to provide you emergency treatment. If you request we not share your PHI with your medical insurer or other third party payer, we will honor your request provided you pay in full for the health care item or service.

To request restrictions, you must make your request in writing to your BMPPC primary provider. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and, (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing to your BMPPC primary provider. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Revoke Your Authorization. You may revoke your authorization for us to use and disclose your PHI at any time by submitting a request in writing to the appropriate office or department.

#### Links and Interfaces to Third-Party Products and Services

For convenience, we offer some digital services including Elation, Hint and Spruce patient portals and application programming interfaces (“Digital Services”). Some Digital Services can connect parts of your BMPPC electronic health record (“EMR”) to some third-party mobile applications, websites, and online products and services. If you connect to Non-BMPPC Services, those services can access and receive information from your EMR. We do not own or control the Non-BMPPC Services. Their access to your information is outside our Digital Services, even if you connect to them with your patient portal credentials.

Because we do not own or control the Non-BMPPC Services or the companies that operate them, we have no obligation to update your information in Non-BMPPC Services unless you make a specific request.

The Non-BMPPC Services and Companies are not covered by this Notice of Privacy Practices or any other BMPPC policies. We have no control, responsibility or liability for any policies or practices of the Non-BMPPC Services and Companies. The provisions of this paragraph apply even if the Non-BMPPC Services and Companies help you manage your health or take and fulfill orders for products or services purchased from us or are co-branded with us, or both.

If our Digital Services contain advertisements, still we make NO representation, warranty or guarantee about the advertised products, content and services and we have no responsibility or liability for any of them.

#### Changes to This Notice.

We reserve the right to change this Notice. Revised Notices will be posted in appropriate locations and on-line at <http://www.mainlinehealth.org/>. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. A copy of the current Notice is available upon request.

#### Complaints.

If you believe your privacy rights have been violated, you may file a complaint, in writing, with your provider at BMPPC:

You may also wish to file a complaint with the Office for Civil Rights of the U. S. Department of Health and Human Services.

We will not penalize you if you file a complaint.

Breach Notification.

We will notify you in the event of a breach (as defined by HIPAA) of your PHI.

This Notice is effective: January 1, 2025

## NOTICE OF NONDISCRIMINATION

Discrimination is Against the Law

Bryn Mawr Personalized Primary Care, PC (BMPPC) complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, religion, color, national origin, ancestry, age, disability, sex, parental status, political affiliation, military service or relationship status.

(Required)

By clicking this box I understand and acknowledge that I am signing this document electronically.”

### Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I acknowledge receipt of the Notice of Privacy Practices of Bryn Mawr Personalized Primary Care PC. In addition, by signing below, I authorize BMPPC to disclose my health information in conformance with the provisions of the Notice of Privacy Practices.

Relationship to Patient  
self (Required)

Signature of Patient or Personal Representative