

HIPAA Notice of Privacy Practices

THIS NOTICE APPLIES TO CONVENIENTMD (US, WE, COMPANY) AND DESCRIBES: (I) YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION (PHI), AS DEFINED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), THAT WE RECEIVE, ACQUIRE, OR PROCESS IN CONNECTION WITH YOUR TREATMENT.

1. Uses and Disclosures of PHI

Your PHI may be used and disclosed for the following purposes:

a. Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care treatment and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your PHI to a home health agency that provides care for you or to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

b. Payment. We may use and disclose your PHI to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

c. Healthcare Operations. We may use or disclose, as needed, your PHI in order to support our business activities or of our physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

d. Business Associates. We may share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) on our behalf. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms and procedures that will protect the privacy and security of your PHI, as required by HIPAA.

e. Other uses and disclosures. In addition to the foregoing, we may use or disclose your PHI for the following reasons: as required by law to address public health issues, in conjunction with health oversight of communicable diseases, pursuant to an investigation of abuse or neglect, as required by the Food and Drug Administration, pursuant to legal proceedings, to assist coroners, to assist funeral directors, pursuant to organ donation & research, military activity and national security, pursuant to workers' compensation claims, and required disclosures related to correctional facility inmates. We are required to make disclosures to you as required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirement of Sections 164.500. We may use or disclose your PHI as necessary to provide you with information about

treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you. Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke, this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has already taken an action in reliance on the use or disclosure indicated in the provided authorization.

2. Your Rights

The following is a statement of your rights with respect to your PHI. You may:

a. Inspect and request an electronic copy your PHI. This means you may inspect and obtain an electronic copy of the PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to PHI.

b. Request restriction on your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare professional.

c. Request correction. You may ask us to correct or amend your PHI that we maintain about you that you think is incorrect or inaccurate.

d. Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation for you as to the basis for the request.

e. Request accounting of disclosures. You may ask for a list (accounting) of the times we have shared your PHI for six years prior to the date you ask, who we shared it with, and why (which we will provide without charge once each year, and subject to a reasonable, cost-based fee thereafter).

f. Receive an accounting of certain disclosures we have made, if any of your PHI. This right

applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice.

g. Choose someone to act on your behalf. You can choose someone to act for you, provided we can confirm that person has the necessary authority and documentation (such as a medical power of attorney) to act for you before we take any action.

h. Get a copy of this Notice.

3. Our Responsibilities

We are required to abide by the terms of this Notice. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI no later than 60 days after we confirm such a breach. 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 PHI other than as described here unless you tell us we can in writing. If you tell us we can use or share your PHI in a particular way, you may change your mind at any time and can send us different written instructions at that time.

We may change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain at this time. Upon your request, we will provide you with any revised Notice by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

4. Your Choices

You may instruct us about who we share your PHI with and how much PHI we share. For example, you may tell us to share information with your family, close friends, or others in a disaster relief situation. Except as stated in this Notice, we do not share your PHI unless you instruct us to do so.

5. Complaints

You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. If you believe your rights have been violated, you can file a complaint:

- Directly with us by contacting our Privacy Officer as follows:
Phone: (603) 319-4718
Email: DataPrivacy@convenientmd.com
Address: 360 US-1 Bypass, #102, Portsmouth, NH 03801
- 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/ (for which we will not retaliate against you).