



Notice of Privacy Practices

Hometown Health LLC

11350 McCormick Road

EP2 Suite 605

Hunt Valley, MD

443-733-6452

Effective Date 7/16/2024

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.

We are committed to protecting the privacy and confidentiality of your medical information. This notice informs you of ways we may use and disclose medical information about you. It also details your rights and obligations regarding the use and disclosure of your medical information. Below are the ways in which we may use or disclose your healthcare information:

- 1. Treatment.** We use medical information about you to provide you with medical treatment and services. We may at times need to disclose medical information about you to our employees when they are involved in caring for you. We may also need to share your medical information with other healthcare workers. For example, we may need to speak to doctors or nurses in another practice about your care if you are referred to a specialist or may need to disclose aspects of your medical history when ordering medication, labs, imaging or other testing.
- 2. Payment.** We may use and disclose medical information about you so that the treatment you receive from Hometown Health or from other healthcare services may be billed to you and payment may be collected for services provided to you.

- 3. Health care operations.** We may use and disclose medical information about you for Hometown Health operations. These uses and disclosures are made to improve our operations and quality of care. For example, we may disclose information to other healthcare workers for educational purposes and performance improvement.
- 4. Health information exchange.** We may share information that we obtain or create about you with other health care entities or healthcare providers via Health Information Exchanges we participate in. Hometown Health may share information about you through the Chesapeake Regional Information System for Our Patients, Inc. (CRISP), which is a regional Health Information Exchange that allows different healthcare systems to communicate and share medical information to enable for better patient care and access to medical records from varying systems in the area. You may opt out of CRISP by calling 1-877-952-7477 or by submitting an Opt-Out form via mail, fax, or online at crisphhealth.org. Even if you choose to opt-out, information about prescriptions that are Controlled Dangerous Substances as part of the State Prescription Drug Monitoring Program (PDMP), will still be available to healthcare providers.
- 5. Communication with Family.** We may disclose your health information to notify a family member, personal representative, or another person responsible for your care about your location, general condition, or unless instructed otherwise, in the event of your death.
- 6. Additional Uses and disclosures.** We may use and disclose your medical information without your permission to the following individuals, or for other purposes permitted or required by law, including:
 - In the event of threat to your health and safety or the health and safety of others.
 - To coroners, medical examiners, and funeral directors.
 - To the military if you are a member of the armed forces.
 - For workers' compensation.
 - As required by state and federal law.
 - For specialized government functions, for military or national security purposes, or to law enforcement officers that have you in their lawful custody.
 - To third parties (referred to as "business associates") that provide Hometown Health with services such as billing, software maintenance, and legal services.
 - When we get a court order, subpoena or other lawful instructions from the courts.
- 7. When we will not use or disclose your health information.** With the exception of the reasons detailed above; in keeping with the law, we will not use or disclose health information which identifies you without your written authorization. If you

do grant authorization to use or disclose your medical information for another purpose, you may revoke that authorization in writing at any time.

8. Use of unsecure electronic communications. If you choose to communicate with Hometown Health Physicians or staff via unsecure electronic communications such as regular email or phone, we may respond in the same manner. In addition, if you share your cell phone number or email address with your health care provider we may send you emails or call you/leave voicemails related to appointments and other general communications. This involves certain risks such as interception by others, incorrectly addressed messages, and storage of messages on unsecure devices. By choosing to communicate with us via these methods you acknowledge and accept these risks.

9. Your rights regarding medical information about you.

- With limited exceptions you have a right to inspect or receive a copy of your medical records. You have the right to request that a copy of your records be sent to a third party.
- If you feel that medical information documented about you is incorrect you may request the information be amended. You must submit this request in writing to Hometown Health at the address or fax detailed above. If your request is denied, we will give you a written explanation of why we did not make the amendment.
- Right to accounting of disclosures. You have the right to receive a list of certain disclosures we have made of your medical information. This list will not include those disclosures made for treatment, payment, and health care operations purposes or those made directly with your consent. You must submit this request in writing to Hometown Health at the address or fax detailed above.
- Right to request restrictions. You have the right to request restrictions on certain uses and disclosures of your health information by written request specifying what information you want to limit and what limitations this includes. We are not required to agree to your request. If you request that we not disclose information to your health insurer for services or items for which you have paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for legal reasons.
- Right to request confidential communications. You have the right to request that we only communicate with you about medical information in a certain way. We will comply with reasonable requests submitted in writing that detail how you wish to receive these communications.

- Right to be notified in the event of a breach. We will notify you if we are made aware that your medical information has been used or disclosed in a way inconsistent with the law.
- Right to a paper copy of this notice. You may ask for a paper copy of this notice at any time.

10. Change to Notice of Privacy Practices. We reserve the right to change Hometown Health's privacy practices. We will post a copy of the current notice on the Hometown Health website www.hometownhealthmd.com. You may also request a copy of the current notice at any time.

11. Complaints. Complaints about this Notice of Privacy Practices or concerns about how Hometown Health handles your health information may be directed to Hometown Health at the address or fax above or you may file a complaint with the U.S. Department of Health and Human Services.