

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.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

Totally Linking Care in Maryland, Inc. (“TLC-MD,” “we” or “us”) are committed to protecting the privacy of medical information we create or obtain about you. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to: (1) make sure your medical information is protected; (2) give you this Notice describing our legal duties and practices with respect to your medical information; and (3) follow the terms of the Notice that is currently in effect.

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:

Treatment. We may use and disclose your medical information to provide treatment or services, to coordinate or manage your health care, or for medical consultations or referrals. For example, we may use and disclose your medical information among doctors, nurses, technicians and others who are involved in taking care of you. We may also use or share medical information about you to coordinate different services you need.

Payment. We may use and disclose medical information about you so that the treatment and services you receive at TLC-MD or from others may be billed to you and payment collected from you, an insurance company or another third party. For example, we may need to give information to your health insurance company about a service so your health insurance company will pay us or reimburse you for the service.

Health Care Operations. We may use and disclose medical information about you for our health care operations. These uses and disclosures are made to enhance the quality of care provided by TLC-MD, review the competence of the health care professionals at TLC-MD, and general business activities. For example, we may disclose information to doctors, nurses, technicians, and others for performance improvement and educational purposes or we may share information with TLC-MD’s security personnel to maintain the safety of our physical locations.

Health Information Exchange. We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health

insurer, as permitted by law, through Health Information Exchanges (“HIEs”) in which we participate. For example, information regarding your past medical care and current medical conditions and medications can be available to us and your non-TLC-MD physician or provider if we participate in the same HIE. Exchange of health information through HIEs can provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from other participating providers involved in your care.

You may choose to “opt-out” of these HIEs by contacting us using the contact information listed at the end of this Notice.

Fundraising Activities. We may contact you to provide information about TLC-MD-sponsored activities, including fundraising programs and events to support patient care at TLC-MD. For this purpose, we may use your contact information, such as your name, address, phone number, the dates on which and the department from which you received treatment or services at TLC-MD, your treating provider’s name, your treatment outcome, and your health insurance status. If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as an “opt-out.”

Business Associates. We contract with business associates to provide certain services. Examples include the operation of our electronic medical record and medical billing. When these services are contracted, we will disclose your medical information to our business associates so they may perform the job we have asked them to do. To protect your medical information, we require the business associates to appropriately safeguard your information.

Use of Unsecure Electronic Communications. If you choose to communicate with us or any of your TLC-MD providers via unsecure electronic communications, such as regular email or text message, we may respond to you in the same manner in which the communication was received and to the same email address or account from which you sent your original communication. In addition, if you provide your email address or cell phone number to us, we may send you emails or text messages related to appointment reminders, surveys, or other general informational communications. For your convenience, these messages may be sent unencrypted.

Before using or agreeing to the use of any unsecure electronic communication to communicate with us, note that there are several risks, such as interception by others, misaddressed or misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks.

Additionally, you should understand that use of email or other electronic communication is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Electronic communications such as email or text should never be used in a medical emergency.

Additional Uses and Disclosures of your Medical Information. We may use and disclose your medical information without your authorization (permission) to the following individuals, or for other purposes permitted or required by law, including:

- To tell you about, or recommend, possible treatment alternatives.
- To inform you of benefits or services we may provide.
- Unless you say no, to anyone involved in your care or payment for your care, such as a friend, family member or another individual you identify.
- As required by federal and state law.
- For public health activities.
- For health research purposes.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- For health oversight activities, including audits, investigations, inspections, and licensure.
- To courts and attorneys when we get a court order, subpoena or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us.
- To law enforcement officials as authorized or required by law.
- To coroners, medical examiners and funeral directors, as authorized or required by law and as necessary for them to carry out their duties.
- In the event of a disaster, to organizations assisting in a disaster-relief effort so that your family can be notified of your condition and location.
- To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- If you are a potential organ donor, to organizations that handle organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation, or donation.
- To a correction institution as authorized or required by law if you are an inmate or under the custody of law enforcement officials.
- For workers' compensation or similar programs providing benefits for work-related injuries or illnesses.

Written Authorization. Except as described above or as permitted by law, we will disclose your medical information only with your prior written authorization. Most uses of psychotherapy notes, certain uses and disclosures of your medical information for marketing purposes, and any sale of your written medical information require your authorization. You may revoke that authorization, in writing, at any time, unless we have taken action relying on your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

The records of your medical information are the property of TLC-MD. You have the following rights, however, regarding medical information we maintain about you:

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make

decisions about you. You have the right to request that we send a copy of your medical or billing records to a third party. We request that you submit your request in writing to us using the contact information listed at the end of this Notice. We may charge you a reasonable fee for providing you a copy of your records. We may deny access under certain circumstances. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

Right to Request an Amendment. If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for TLC-MD in your medical and billing records or any other of our records that are used by us to make decisions about you. You are required to submit your request in writing to us using the contact information listed at the end of this Notice, with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. We cannot change what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete medical information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights. We may deny your request if the medical information (i) was not created by TLC-MD (unless the person or entity that created the medical information is no longer available to respond to your request); (ii) is not part of the medical and billing records kept by or for TLC-MD; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is determined by us to be accurate and complete.

Right to an Accounting of Disclosures. You have the right to receive a list of certain disclosures we have made of your medical information in the six years prior to your request. This list will not include every disclosure made, including those disclosures made for treatment, payment and health care operations purposes, or those disclosures made directly to you or with your authorization. You are required to submit your request in writing to us using the contact information listed at the end of this Notice. You must state the time period for which you want to receive the accounting. The first accounting you request in a 12-month period will be free, and we may charge you for additional requests in that same period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. To request a restriction, you must submit your request in writing to us using the contact information listed at the end of this Notice. In some cases, you may be asked to submit a written request. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so. If you request that we not disclose certain medical information to your health insurer and that medical information relates to a health care product or service for which we, otherwise, have received payment from you or on your behalf, and in full, then we must agree to that request.

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. If you want

us to communicate with you in a special way, you will need to give us details about how to contact you. You also will need to give us information as to how billing will be handled. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Right to be Notified in the Event of a Breach. We will notify you if your medical information has been “breached,” which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Copies of this Notice will be available throughout TLC-MD’s locations, or by contacting us using the contact information listed at the end of this Notice, or you may obtain an electronic copy at the TLC-MD website at <https://www.tlc-md.org/about>.

Future Changes to this Notice. We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

Questions or Complaints. If you believe your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us. Please send any complaint to us using the contact information listed at the end of this Notice.

If you have questions or would like further information about this Notice, please contact:

TLC-MD Security and Privacy Officer
25500 Point Lookout Rd.
Leonardtown, MD 20650
888-900-1257
infomail@tlc-md.org

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with the TLC-MD Privacy Officer or the U.S. Department of Health and Human Services.