NOTICE OF PRIVACY PRACTICES

DOCUMENT: Health Insurance Portability and Accountability Act ("HIPAA") Notice of Privacy Practices ("NPP") — Patient Acknowledgment of Receipt Required

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This notice describes how medical information about you may be used and disclosed by the Osteopathic Center for Family Medicine (hereinafter "OCFM" and/or "We"), and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice, please contact our Privacy Officer at 207-945-5400 or office@ocfm.com. The current Privacy Officer's name is available upon request at the office or on our website.

About This Notice

This Notice of Privacy Practices ("NPP") describes how We may use and disclose your protected health information ("PHI") to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.[1]

We are required by law to maintain the privacy of your PHI, to provide you with notice of our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of your unsecured PHI. We are required to abide by the terms of this NPP. We reserve the right to change the terms of our NPP at any time. Should substantive changes be made, the revised NPP will be effective for all PHI that We maintain at that time. Upon your request, We will provide you with any revised NPP. You may request a revised version by accessing our website at https://www.ocfm.com, by calling the office, or by asking for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physician, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to process payment for your health care and to support the operation of OCFM.

Following are examples of the types of uses and disclosures of your PHI that OCFM is permitted to make. These examples are not exhaustive, but are provided to highlight the types of uses and disclosures that may be made by our office through the provision of care to you, as a patient.

a. **Treatment**. We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we may disclose your PHI, as necessary, to a home health agency that provides

care to you. We may also disclose PHI to other physicians who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis and/or treatment.

b. **Payment.** Your PHI may be used and disclosed, as needed, to process payment for your health care services. As a Direct Primary Care ("DPC") practice, fees are paid directly by patients under the terms of a Patient Agreement.[2] If your care involves coordination with external providers, insurance plans, or other payers, your PHI may be disclosed as necessary to facilitate payment for those services.

c. **Health Care Operations.** We may use or disclose, as needed, your PHI in order to support the business activities of OCFM. These activities include, but are not limited to, quality assessment, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

We may share your PHI with third-party "business associates" that perform various activities for OCFM (for example, billing services, technology services, or transcription services). Whenever an arrangement between OCFM and a business associate involves the use or disclosure of your PHI, We will have a written contract, i.e., a Business Associate Agreement ("BAA") that contains terms to protect the privacy of your PHI.

We may also use technology tools, including artificial intelligence ("AI"), to support clinical documentation and health care operations. These tools assist physicians with tasks such as drafting clinical notes from voice recordings and transcripts — the same function historically performed by dictation services, transcriptionists, and medical scribes. These tools run on OCFM-maintained infrastructure together with a small number of specialist vendors — speech-to-text and language processing — each bound by a Business Associate Agreement. Any third-party technology services that access your PHI are covered by a BAA. All AI-generated documentation is reviewed, edited, and approved by a licensed physician before it becomes part of your medical record. No AI tool is used to make independent clinical decisions.

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. You may contact our Privacy Officer to request that these materials not be sent to you.

2. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object. These situations may include, but are not limited to:

a. **Required By Law.** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

b. **Public Health**. We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, or disability.

c. **Communicable Diseases**. We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

d. **Health Oversight**. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information may include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and/or civil rights laws.

e. **Abuse or Neglect.** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable Federal and State laws.

f. **Food and Drug Administration.** We may disclose your PHI to a person or company required by the Food and Drug Administration ("FDA") for the purpose of quality, safety, or effectiveness of FDA regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

g. **Legal Proceedings.** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and/or in certain conditions in response to a subpoena, discovery request, or other lawful processes.

h. **Law Enforcement.** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise required by law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of our practice; and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

i. **Coroners, Funeral Directors, and Organ Donation.** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

j. **Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

k. **Criminal Activity.** Consistent with applicable Federal and State laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person, and/or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

l. **Military Activity and National Security**. When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel in the following circumstances: (1) for activities

deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

m. **Workers' Compensation.** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

n. **Inmates**. We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

3. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Uses and disclosures of your PHI for marketing purposes, and any disclosure that constitutes a sale of your PHI, will be made only with your written authorization. Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

4. Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your PHI in the following instances: You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using their professional judgment, determine whether the disclosure is in your best interest.

a. **Others Involved in Your Health Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. We may also use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

5. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you for so long as we maintain the PHI. You may obtain your medical record that contains medical and billing records and any other records that your physician and OCFM uses for making decisions about you. As permitted by Federal or State law, we may charge a reasonable copy fee for a copy of your records.

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 laboratory results that are subject to law that prohibits access to PHI.[3] Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.[4] Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your PHI.[5] This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or health care 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.

Your physician is not required to agree to a restriction that you may request.[6] There is one exception: we must agree to your request to restrict disclosure of your PHI to a health plan for purposes of carrying out payment or health care operations, where the PHI pertains solely to a health care item or service for which you, or another person on your behalf other than the health plan, have paid us in full out of pocket. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.[7] With this in mind, please discuss any restriction you wish to request with your physician.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.[8] 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 from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your PHI.[9] This means you may request an amendment of PHI about you in a designated record set for so long as we maintain this information.[10] In certain cases, we may deny your request for an amendment.[11] If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.[12] Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.[13] This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice.[14] It excludes disclosures we may have made to you, if you authorized us to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the Privacy Rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically.

More Stringent Laws

The permitted uses and disclosures described in this Notice are subject to any applicable laws that are more restrictive than HIPAA. Where a more stringent Federal or State law applies — including, but not limited to, 42

CFR Part 2 (Substance Use Disorder records) and Maine state privacy laws — the more restrictive statutory requirements will control how your PHI is used and disclosed.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at 207-945-5400 or office@ocfm.com for further information about the complaint process.

Acknowledgment of Receipt

By signing below, I acknowledge that I have received or been offered a copy of this Notice of Privacy Practices.

Patient Signature **Date**

_____ _____

Patient Printed Name

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1. *See* 45 C.F.R. § 160.103.↩
2. *See* OCFM Direct Primary Care Patient Agreement, § (B)(4), and Appendix 1 § (A) – (C).↩
3. *See* 45 CFR § 164.524(a)(1)(i)-(ii).↩
4. *See id.* at (2)-(3).↩
5. *See id.* at §164.522.↩
6. *See id.* at (a)(1)(ii).↩
7. *See id.* at (iii).↩
8. *See id.* at (b)(1)-(2).↩
9. *See id.* at §164.526.↩
10. *Id.* at (a)(1).↩
11. *Id.* at (a)(2).↩
12. *Id.* at (d)(1).↩
13. *Id.* at §164.528(a).↩
14. *See id.*↩