

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### Safeguarding Your Health Information

Hollis Seunarine, MDPA, LLC and Park Heights Medical Clinic, LLC, doing business as Jai Medical Center, are committed to protecting your health information. This notice describes our practice and those of all employees, staff, volunteers, and any other personnel or physicians employed by us. When this Notice refers to “we,” “us,” or “our,” it is referring to Jai Medical Center and each of the persons listed above.

In order to provide services to you, we will ask for certain health information. This health information will be put into your medical record. Your health information may contain your symptoms, examination and test results, diagnoses, and treatment. This information may also include your race/ethnicity, language(s) spoken, language(s) preferred, gender identity, sexual orientation, social needs, physical accommodations, and auxiliary aids or services. We need this information to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or received by us.

Your health information may be used for a variety of purposes and is regulated by law. We are required to maintain the privacy of your health information, to give you this Notice of our legal duties and privacy practices with respect to your health information, and to follow the privacy practices described in this Notice. However, we reserve the right to change our privacy practices and the terms of this Notice at any time and to make the new provisions effective for all health information we have about you and any information we receive in the future. You may request a copy of the current Notice from us at any time. We will post a copy of the current Notice in our office and on our website. The notice will contain the effective date on the last page.

### How We May Use and Disclose Your Health Information

We will only use your health information to do our jobs. For uses and disclosure beyond what we normally do (as described below in this Notice), we must have your written authorization unless the law permits or requires otherwise. Many uses of psychotherapy notes, certain uses and disclosures of your health information for marketing purposes, and any sale of your health information require your authorization. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization. (You also cannot revoke an authorization that was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself.)

The following are some examples of our possible uses and disclosures of your health information that we may undertake without your written authorization:

#### ➤ Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

- **For Treatment:** We will use health information about you to provide you with medical treatment or services. For example, we may disclose health information about you to our doctors, nurses, or technicians, to a hospital, or to others involved in taking care of you, such as a physician to whom you have been referred to ensure that he or she has the necessary information to diagnose or treat you or to a home health agency that provides care to you.
- **To Obtain Payment:** We will use and disclose health information about you so that the treatment and services that you receive from us may be billed to and payment may be collected from you, an insurance company, a governmental entity such as Medicare or Medicaid, or a third party. For example, we may need to give your health plan information about treatment that you received from us so your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment that you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may have to send your information to more than one health plan in circumstances where it is not clear which of two or more health plans has the responsibility to make payment for your care.
- **For Health Care Operations:** We will use and disclose health information about you for our operations. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We also may disclose information to doctors, nurses, technicians, and other personnel in

our group for review and learning purposes. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We also may call you by name in the waiting room when your physician is ready to see you.

- **Use of Insecure Electronic Communications.** If you choose to communicate with Jai Medical Center or any of your Jai Medical Center providers via insecure 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 phone number to us, you may receive emails, text messages and/or automated phone calls from us from time to time, including those 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 insecure 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 insecure 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. You may opt out of receiving information in these forms from Jai Medical Center at any time.
  - **Text:** You may “Opt Out” of text message reminders by responding “STOP” to any text message sent by Jai Medical Center.
  - **Email:** You may “Unsubscribe” from email reminders by double-clicking on the “Unsubscribe” button at the bottom of any email reminder sent by Jai Medical Center.
  - **Automated Phone Calls:** You may “Opt Out” of automated phone reminders by selecting the option within the automated phone call reminder.
- **Health Information Exchanges:** We may participate in health information exchanges (HIEs) to facilitate the secure exchange of your health information among health care providers and other health care entities, such as your health insurance company, as permitted or required by law. For example, information about your past medical care and current medical conditions can be available to us or to your other health care providers if they also participate in the HIE. Exchange of health information through HIEs can provide faster access to critical information about your medical condition, improve the coordination of your health care, and assist providers and public health officials in making more informed decisions. In our area, we may participate in the Chesapeake Regional Information System for our Patients (CRISP), which is a regional Internet-based HIE. We may share health information about you through CRISP for treatment, payment, and health care operations purposes as permitted or required by law. We may also receive notifications through CRISP when active patients experience certain hospital-related visits, such as admissions, discharges, transfers, and ER visits. You may opt-out of CRISP and disable access to your health information available through CRISP by contacting CRISP calling 1-877-952-7477 or by completing and submitting an opt-out form to CRISP by mail or fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). We cannot opt-out of CRISP on your behalf should you decide to opt-out. Even if you opt-out of CRISP, public health reporting and Controlled Dangerous Substances information will still be available to health care providers through CRISP as permitted by law in connection with the Maryland Prescription Drug Monitoring Program.

➤ **Other Uses and Disclosures of Health Information Required or Allowed by Law:**

We may also use and disclose your health information without your authorization to the following individuals, or for other purposes permitted or required by law, including, but not limited to:

- **Business Associates:** We may disclose health information to those with whom we contract to provide certain services (called business associates) so that they may perform the job we have asked them to do. We require business associates to appropriately safeguard your information.
- **Required by Law:** We may disclose health information when the law requires us to do so, such as disclosure to agencies such as the Maryland Immunet Registry or the Baltimore Immunization Program
- **Public Health Activities:** We may disclose health information for certain public health activities, including when we are required to collect or report information about disease or injury or to report vital statistics to public health authorities.
- **Health Oversight Activities:** We may disclose your health information to health oversight agencies for oversight activities required by law, including audits, inspections, investigations, and licensure actions.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donations:** We may disclose health information relating to a death to coroners, medical examiners, or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.

- **Research Purposes:** In certain circumstances, and under supervision of a designated privacy board, we may disclose health information to assist medical research.
- **Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, we may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Abuse and Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence.
- **Specific Government Functions:** We may disclose health information for certain specialized government functions, including those relating to military personnel and veterans, correctional institutions, national security, and protection of the President.
- **Families, Friends, or Others Involved in Your Care:** We may share your health information with certain people, including family members, friends, and other identified individuals, as it is directly related to their involvement in your care or payment of your care. We also may share health information with certain people, including family members, personal representatives, and entities assisting in disaster relief efforts, to notify them about your location, general condition, or death. Except in emergencies, you have the opportunity to object to these uses and disclosures.
- **Worker's Compensation:** We may disclose health information to worker's compensation (or similar) programs that provide benefits for work-related injuries or illnesses without regard to fault as permitted by law.
- **Patient Directories:** We do not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.
- **Lawsuits, Disputes, and Claims:** If you are involved in a lawsuit, a dispute, or a claim, we may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose your health information to a law enforcement official for certain law enforcement purposes, including when required by law or when asked.
- **Substance Use Disorder Treatment Programs:** Although Jai Medical Center is not a substance use disorder treatment program (a "SUD Program") that is covered by 42 CFR Part 2, we may receive information from a SUD Program about your treatment. In no event will we use or disclose this information, or testimony that describes the information contained in your SUD Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless (i) we have your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after being given notice and an opportunity to be heard.
- **Special Note:** We will never sell your personal information or use it for certain marketing purposes unless you give us written permission to do so as required by law.

#### **You Have a Right To:**

- **Request Restrictions:** You have a right to request a restriction or limitation on the health information that we use or disclose about you for certain purposes. Except as expressly stated below, we will accommodate your request, if possible, but are not legally required to agree to it. If we agree to a restriction, we will follow the requested restrictions except in emergency situations. We must agree to your request to restrict disclosures of your health information to a health plan, but only if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and (2) the health information relates only to the health care item or service for which you (or someone other than the health plan on your behalf) has paid out of pocket in full. 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. A request to restrict information to a health plan must specify the plan as well as the information that you wish to restrict.
- **Request Confidential Communications:** You have the right to ask us to send your information to another address or by another method. We must agree to your request as long as it is reasonable for us to do so.
- **Inspect and Copy:** With certain exceptions, you have a right to see and copy your health information upon your written request in a timely manner. You may request an electronic copy of your health information that we maintain in electronic designated record sets, and we will provide access in the electronic form and format requested if it is readily reproducible in that format. If not, we will discuss the issue with you and provide a copy in a mutually agreed upon readable electronic form and format, depending on the information and our capabilities at the time. You also may request that we send your information directly to a person you designate if your request is in writing, is signed, and clearly identifies the designated person and an address to send the requested information. If you want copies of your health information (or agree to a summary or explanation of the information), you may be charged a fee for the cost of labor for copying the information (in paper or electronic form), supplies for creating the paper copy or electronic media (if you request that the electronic copy be provided on portable media), postage (if you request that the copy, summary, or explanation be mailed) and preparing an explanation or summary of the information (if you agree). You have a right to choose what portions of your information you want copied and to have prior information on the cost. We may deny

your request to inspect and copy your information in certain limited circumstances. If the denial is subject to review, you can request that the denial be reviewed. A licensed health care professional that we choose (who was not directly involved in the denial) will review your request and the denial. We will comply with the outcome of the review.

- **Request Amendment:** You may request in writing that we correct or add information to your health record if you provide a reason for the request. We may deny the request if it is not in writing or does not include a supporting reason, or if we determine that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. In the event of a denial, you may submit a written statement of disagreement. We will distribute your statement (or an accurate summary) with future disclosures of the information to which it relates. If we approve the request for amendment, we will change the health information and inform you, and may tell others that need to know about the change in the health information.
- **Receive an Accounting of Disclosures:** You have a right to request a list of the disclosures made of your health information after April 14, 2003 for a period of up to 6 years from the date of the request. Some exceptions include disclosures of information (1) for treatment, payment, and operations purposes, (2) made to you, (3) based on your written authorization, (4) for national security, or (5) to law enforcement officials or correctional facilities with lawful custody of you at the time of the disclosure. There will be no charge for the first request made in each 12 month period. We may charge a reasonable, cost-based fee for extra requests.
- **Receive a Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice upon request.
- **Be Notified of a Breach:** You have the right to receive notice if your health information has been breached, which we will send to our last known address for you.
- **Choose Someone to Act for You:** If you have given someone medical power of attorney or if you have a legal guardian, that person can exercise your rights described in this Notice above and make choices about your health information. We will verify that the person has this authority and can act for you before we take any action.

#### **To Report a Problem About Our Privacy Practices**

If you believe your privacy rights have been violated, you may file a complaint.

1. You can file a complaint with our Privacy Officer by calling 410-433-2200.
2. You can file a complaint with the Secretary of the U. S. Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington D.C. 20201, calling 1-877-696-6775, or visiting the Department of Health and Human Services website [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not take retaliatory action against you for filing a complaint.

#### **For More Information**

This Notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act. If you would like access to this Notice in other languages or formats, or if you have questions or would like more information, you may contact our Privacy Officer at 410-433-2200.

*Effective Date: This notice became effective on April 14, 2003. Updated: 6/2026*