

**NOTICE OF
PRIVACY PRACTICES
("NPP")**

Effective Date: May 19, 2025

This notice describes:

- HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED;
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION; AND
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICER OF FPI IF YOU HAVE ANY QUESTIONS.

SCOPE OF OUR PRIVACY PRACTICES: This NPP describes the privacy practices of University of Maryland Faculty Physicians, Inc. and its affiliated faculty practice groups listed on the last page of this NPP (collectively, "**FPI**"), the University of Maryland School of Medicine ("**SOM**"), and all healthcare professionals, employees, staff, students, volunteers and other personnel whose work is under the direct control of FPI and/or the SOM. We are required by law to maintain the privacy of your protected health information ("**PHI**"). We are also required to provide you with notice of our legal duties and privacy practices with respect to your PHI.

All FPI and SOM entities, individuals, sites and locations follow the terms of this NPP. In addition, these entities, individuals, sites and locations may share PHI with each other, and with facilities affiliated with the University of Maryland Medical System Corporation ("**UMMS**"), including without limitation University of Maryland Medical Center ("**UMMC**") and University of Maryland Rehabilitation & Orthopaedic Institute ("**ROI**") as part of an Organized Health Care Arrangement, for treatment, payment, or health care operations purposes as described in this NPP and otherwise permitted or required by applicable law. Note, FPI, SOM, UMMS, UMMC and ROI are separate legal entities, and each maintains its own medical records and billing system. For this reason, you may need to contact FPI, SOM, UMMS, UMMC, and/or ROI separately to request copies of your medical record.

HOW WE MAY USE & DISCLOSE YOUR PHI: We are committed to protecting the privacy and security of your PHI. In this NPP, we describe different ways that we may use and disclose such PHI, which may include, without limitation, information about your diagnosis, treatment, test results, and billing information. Not every use or disclosure will be listed below, and some of the categories below may not be applicable to you. However, all of the ways we are permitted to use and disclose information will fall into one of the categories listed. Sometimes special laws govern the use and disclosure of certain types of very sensitive PHI, such as mental health, substance use disorders, and HIV/AIDS information. To the extent required by law, we will follow applicable requirements that are more stringent than HIPAA (such as 42 CFR Part 2, relating to certain substance use disorder records).

For Treatment Purposes. We may disclose your PHI to physicians, nurses, technicians, students, or other individuals who are involved in taking care of you. For example, we may share your PHI to coordinate the different things you need, such as prescriptions, lab work, x-rays and follow-up care. To the extent permitted by law, we also may disclose your PHI to individuals outside FPI, the SOM, UMMS, UMMC, and ROI who may be involved in your medical care (such as family members, home health agencies and others providers of services that are part of your care).

For Payment. We may use and disclose your PHI to an insurance company or third party payor so that the treatment and services that you receive may be billed to and paid by them. For example, we may need to give your health plan information about services you received so that your health plan will pay us or reimburse you for the services, or to obtain prior approval to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose your PHI for administrative and operational purposes. These uses and disclosures are necessary for our operations, and to make sure that all of our patients receive quality care. For example, we may use your PHI to review our treatment and services and to evaluate our performance in caring for you.

Health Information Exchange (HIE). A Health Information Exchange, or HIE, is a way of sharing your PHI among participating physician offices, hospitals, labs, radiology centers, and other medical care providers through secure, electronic means. The purpose is so that each of your participating caregivers can have the benefit of the most recent information available from your other participating caregivers when taking care of you. We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a Maryland-wide HIE. As a participant in CRISP, we may share and exchange information that we obtain or create about you for treatment and public health purposes, as permitted by law. This exchange of PHI can provide faster access to critical information about your medical condition, improve the coordination of your medical care, and assist medical care providers and public health officials in making more informed treatment decisions.

You may opt-out of CRISP by calling CRISP at 1-877-952-7477, or by submitting a completed Opt-Out Form directly to CRISP by mail, fax, or through the CRISP website at www.crisphealth.org. When you opt-out of participation in CRISP, medical care providers will not be able to search for your PHI through CRISP while treating you. However, even if you opt-out, your PHI will remain in the exchange. Specifically, your physicians or other treating providers who participate in CRISP will still be able to receive your lab results, radiology reports, and other data sent directly from CRISP that they may have previously received by fax, mail, or other electronic communications. Public health reporting in accordance with law, such as the reporting of infectious diseases to public health officials, will also continue to occur through CRISP even if you decide to opt-out.

Appointment Reminders. We may contact you about an appointment for treatment or medical care. This may be by mail, telephone, answering machine, email or text message.

Treatment Alternatives, Benefits and Services. We may contact you about possible treatment options or alternatives and other health-related benefits and services.

Fundraising. FPI may disclose the following PHI for fundraising purposes to the SOM Office of Development or the UMMS Foundation on behalf of UMMC, ROI, or any facility affiliated with UMMS without an Authorization: (1) demographic information (name, address, contact information, age, gender, or date of birth); (2) dates of health care provided to you; (3) Department of service; (4) name of the treating physician; (5) outcome information; and (6) health insurance status. Fundraising materials you may receive will contain the option to opt-out of future fundraising communications. The opt-out method will not be burdensome to you.

Business Associates. There may be some activities provided for FPI or SOM by outside businesses that perform work on our behalf under a contract that requires appropriate safeguards for PHI, such as medical transcription services, billing services, and collection agencies. We may disclose your PHI to our business associates so they may perform the job we have asked them to do.

Individuals Involved in Your Care or Payment for Your Care. We may release your PHI to family members, your personal representative, or other persons who are involved in your medical care or help pay for your care, provided the PHI is directly relevant to such other person's involvement. You may ask us at any time not to disclose PHI about you to persons involved in your care. We will not disclose the requested PHI except in certain limited circumstances (such as emergencies) or if you are a minor. If you are a minor, we may disclose PHI about you to your parent, guardian or other person authorized to receive your PHI, except as provided by applicable law. If you are a minor and request that we not disclose your PHI to your parent, guardian, or other authorized person, we may or may not be able to agree to your request. Unless you object, in the event of a disaster we may provide information about you to a disaster relief organization so it can notify your family of your condition and location.

Deceased Persons. We may disclose PHI to family members or others involved in a decedent's healthcare or payment for care when the disclosure is relevant to their involvement and not inconsistent with the decedent's previously expressed wishes that are known to us. Also, PHI of persons deceased for more than 50 years will no longer be considered PHI and therefore will not be regulated under HIPAA.

Research. Under certain circumstances, without your authorization, we may use and disclose your PHI to researchers if the research has been approved through a special review process designed to protect patient safety, welfare, and the confidentiality of participants. This process might be used, for example, to conduct records research, when researchers are unable to use de-identified information and it is not practicable to obtain research participants' authorization. We also may disclose PHI to researchers if:

- We have received representations from the researcher, either in writing or orally, that the use or disclosure of PHI is solely to prepare a research protocol or for similar purposes preparatory to research, that the researcher will not remove any PHI from FPI or SOM, and that the PHI for which access is sought is necessary for the research purpose. This provision might be used, for example, to design a research study or to assess the feasibility of conducting a study; or
- We have received representations from the researcher, either in writing or orally, that the use or disclosure being sought is solely for research on the PHI of decedents, that the PHI being sought is necessary for research, and, at the request of FPI or SOM, documentation of the death of the individuals about whom information is being sought.

In certain circumstances, we must obtain your authorization to use or disclose your PHI to researchers. Such authorization must be in writing, and we may combine such authorization with any other type of written permission, for example, a consent form to participate in such research study or an authorization for a different research study.

As Required by Law. We will disclose your PHI when required to do so by applicable federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary 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. Any disclosure would only be to someone able to help prevent or lessen the threat.

Organ and Tissue Donation. We may release PHI to organizations that handle and monitor organ procurement, donation and transplantation.

Military & Veterans. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your PHI for workers' compensation or work site safety laws such as OSHA and similar programs.

Public Health Activities. We may disclose your PHI for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to notify the Food and Drug Administration of reactions to medications or problems with products; to notify individuals of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence if the patient agrees or we are required or authorized by law to do so.

Health Care Oversight Activities and Registries. We may disclose PHI to a health care oversight agency for activities authorized by law, such as investigations, inspections, and licensure, and to patient registries for conditions such as tumor, trauma and burns.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement. Subject to applicable law, we may release PHI if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the offices or clinics of FPI or SOM; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Part 2 Substance Use Disorder Treatment Records. We will make uses and disclosures not described in this notice only with your written consent. Notwithstanding anything to the contrary herein, we will not use or disclose any PHI related to

your substance use disorder treatment that is subject to 42 CFR Part 2 (or testify about the content of such records) for civil, criminal, administrative, or legislative proceedings about you. However, we will disclose your PHI with your consent or to the extent a court order that complies with 42 CFR Part 2 compels disclosure. Such court order must provide notice and an opportunity to be heard, where required by applicable law. Further, before we disclose the requested PHI, a subpoena or other legal requirement compelling disclosure must accompany such court order. For disclosures and uses of your PHI for treatment, payment, and health care operations purposes, you can provide a single consent. You can revoke your written consent as provided by 42 CFR §§ 2.31 and 2.35. PHI that is disclosed to a Part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate without your written consent, to the extent the HIPAA regulations permit such disclosure.

Coroners, Medical Examiners and Funeral Directors or Morticians. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about our patients to funeral directors or morticians as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, for example, to provide protection to the President.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official as authorized or required by law.

Directory. If you are admitted as an inpatient into a hospital at which we provide services or are a patient of an emergency department at which we provide services, we may use or disclose your PHI for purposes of maintaining a patient directory of the facility. For directory purposes, the PHI will be limited to your name, your location within the facility, your condition described in general terms that do not communicate specific medical information about you, and your religious affiliation. For directory purposes, we may disclose such PHI (except for religious affiliation) to persons who ask for you by name. We may also disclose such PHI (including religious affiliation) to members of the clergy. You will be informed of the PHI that is included in such directory and the persons to whom information may be disclosed. You may restrict or prohibit some or all of the uses or disclosures of your PHI in the facility's directory.

Immunizations. We may use or disclose your PHI to provide proof of immunization to a school that is required by state or other law to have such proof. A parent, guardian or other person acting in loco parentis of the individual, if the individual is an unemancipated minor, must agree to the disclosure.

Legally Protected Health Care. To the extent required by applicable law, we will not knowingly use or disclose your PHI for purposes of identifying, investigating, or penalizing any person merely for seeking, obtaining, providing, or facilitating health care that is protected under applicable law. For example, if you have sought reproductive health care that is legally protected in Maryland but prohibited in your home state, we will not disclose your PHI in response to a known investigation by your home state, unless required by applicable law. Further, as provided by applicable law, we will not disclose your PHI relating to legally protected health care unless the third-party requestor has attested that they are not seeking such PHI for a prohibited purpose.

YOUR RIGHTS REGARDING YOUR PHI:

Authorization. We will not use or disclose your PHI for any purpose that is not listed in this NPP without your written authorization. Uses or disclosures of PHI requiring an authorization (in most circumstances) include, for example, the use or disclosure of psychotherapy notes, the use or disclosure of PHI for marketing (except communications made face-to-face or communications in the form of a promotional gift of nominal value), and the exchange of PHI in return for remuneration from the recipient unless permitted under HIPAA. Other types of uses or disclosures not described in this NPP require an authorization. If you authorize us to use or disclose your PHI for another purpose, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your PHI, or about how to revoke an authorization, contact your treatment provider. You may not revoke an authorization for FPI or SOM to use and disclose your information to the extent that FPI or SOM has taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage.

Right to Inspect and Copy. You have the right to inspect and copy your PHI that we have in our health and billing records, except for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, or PHI that may not be disclosed under the Clinical Laboratory Improvements Act of 1988. If you want to review or receive a copy of these records, you must make the request in writing to your treatment provider. We may charge a fee for the cost of copying, mailing and other supplies related to your request. You are not entitled to a copy upon demand, but rather, we will generally have thirty (30) days to respond. Under limited circumstances, your request may be denied, or you may instead receive a summary of the undisclosed portion of the medical record, such as when requesting certain psychotherapy notes or during ongoing clinical trials. In some cases, if your request is denied, you may request that the denial be reviewed.

If you request a digital copy of certain electronic PHI or direct us in writing to transmit a copy to another person/entity, we will try to produce the information in the format requested if readily producible. To protect the integrity of our systems, we will not allow any portable devices, such as your personal key drives, access to our systems. Consequently, we may not be able to accommodate all preferred methods of delivery, but we will do our best to supply a reasonable electronic alternative to meet your needs. IF YOU REQUEST AN ELECTRONIC COPY, WE HEREBY EXPRESSLY DISCLAIM ALL DUTIES AND RESPONSIBILITY FOR THE SECURITY AND PROTECTION OF SUCH INFORMATION ONCE TRANSMITTED TO YOU, AND WE HAVE NO CONTROL OVER ACCESS TO THAT INFORMATION AFTER THE TRANSMISSION TO YOU THEREOF. ALL PHI MAINTAINED BY US WILL CONTINUE TO BE SECURED AND PROTECTED AS REQUIRED BY APPLICABLE LAW.

Right to Amend FPI or SOM PHI. If you believe that the PHI that FPI or SOM has about you is incorrect or incomplete, you may request an amendment. You must request this amendment in writing to your treatment provider stating the reason why you believe the information is not correct or complete. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to thirty (30) days, if within the initial sixty (60) days we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request. FPI or SOM may deny your request for an amendment and will tell you why the request was denied, your rights to submit a statement disagreeing with the denial, and an explanation of how to submit the statement.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures made of your PHI for the six (6) years prior to the date of your request. This accounting will not include disclosures FPI or SOM made for treatment, payment, health care operations, disclosures you authorized, certain disclosures to national security, correctional or law enforcement personnel, disclosures made to you, or incidental disclosures. To request an accounting of disclosures made by FPI or SOM, you must submit your request in writing to your treatment provider. Your request must state the name or names of your treatment provider, and a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to thirty (30) days, if within the initial sixty (60) days we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request. If you request more than one accounting in a twelve-month period, you will be charged for the costs of providing subsequent accountings after the initial accounting, which we will provide at no charge.

Right to Request Restrictions. You have the right to request that (i) we restrict the disclosure of your PHI to health plans if you or someone else paid for the relevant care in full outside of your health plan coverage; (ii) your treatment provider give you a paper prescription instead of an electronically transmitted prescription; (iii) we restrict how we use or disclose your PHI. With respect to Subsection (iii), we will consider your request, but we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law. To request restrictions, you must make your request in writing to your treatment provider. 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. FPI and SOM do not have the authority to bind each other to any restrictions to which FPI or SOM may agree, so you will need to make requests for restrictions to both FPI and SOM.

Right to Request Confidential Communications. You have the right to request that FPI or SOM communicate with you about health matters in a certain way or at a certain location. For example, you can ask that FPI or SOM only contact you at work or by mail. To request confidential communications, you must make your written request to your treatment provider, specifying how or where you wish to be contacted. FPI and SOM will not ask you the reason for your request and will accommodate all reasonable requests. If you request that your PHI be transmitted directly to another person designated by you, your written request must be signed and clearly identify the designated person and where the copy of the PHI is to be sent.

Right to a Paper Copy of This NPP. You have the right to a paper copy of this NPP. You may ask us to give you a copy of this NPP at any time.

Right to Breach Notification. FPI is required by law to notify you if there is breach of your unsecured PHI by us or our business associates or subcontractors.

REDISCLOSURE OF PHI: Note that once your PHI is disclosed, the recipient has potential to further redisclose your PHI. If the recipient is not a HIPAA Covered Entity, HIPAA will not restrict them from redisclosing your PHI. However, in limited cases, a more stringent law (such as 42 CFR Part 2, relating to certain substance use disorder records) may continue to protect your PHI, including uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

CHANGES TO THIS NPP: We are required to abide by the terms of the NPP currently in effect. We reserve the right to change this NPP. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. FPI and SOM will post a copy of the current notice in the locations where you receive services and on our website at www.umfpi.org.

For questions about your privacy rights, or to report a complaint

Contact persons are listed below for **University of Maryland Faculty Physicians, Inc.** and the **University of Maryland School of Medicine** to (i) address questions you may have regarding your privacy rights; and (ii) to report complaints if you believe your **privacy rights** have been violated. All complaints must be submitted in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

If you have questions about your medical care, please contact your treatment provider directly. The numbers below are only for matters relating to the privacy and security PHI.

**University of Maryland
Faculty Physicians, Inc.**

Privacy Officer
250 W. Pratt Street, Suite 901
Baltimore, MD 21201

FPI HIPAA Hotline #: 667-214-1200
FPIHIPAAPrivacy@fpi.umaryland.edu

**University of Maryland
School of Medicine**

Privacy Officer
685 W. Baltimore Street, MSTF 730
Baltimore, MD 21201

With copy to:
University of Maryland School of Medicine
HIPAA Security Officer
100 N. Greene Street, Rm. 609
Baltimore, MD 21201

SOM HIPAA Hotline #: 410-706-0337
HIPAA@som.umaryland.edu

University of Maryland Faculty Physicians, Inc.
List of Affiliated Clinical Practice Groups Subject to this NPP:

1. University of Maryland Anesthesiology Associates, P.A.
2. University of Maryland Dermatologists, P.A.
3. University of Maryland Emergency Medicine Associates, P.A.
4. University of Maryland Family Medicine Associates, P.A.
d/b/a University of Maryland Family & Community Medicine
5. University of Maryland Physicians, P.A.
d/b/a University of Maryland Medical Group
d/b/a University of Maryland Cardiology Physicians
6. University of Maryland Neurology Associates, P.A.
7. University of Maryland Neurosurgery Associates, P.A.
8. University of Maryland Obstetrical and Gynecological Associates, P.A.
9. University of Maryland Oncology Associates, P.A.
10. University of Maryland Eye Associates, P.A. (Ophthalmology and Visual Sciences)
11. University of Maryland Orthopaedic Associates, P.A.
12. University of Maryland Orthopaedic Trauma Associates, P.A.
13. University of Maryland Otorhinolaryngology–Head & Neck Surgery, P.A.
14. University of Maryland Pathology Associates, P.A.
15. University of Maryland Pediatric Associates, P.A.
16. University of Maryland Psychiatry Associates, P.A.
17. University of Maryland Radiation Oncology Associates, P.A.
18. University of Maryland Diagnostic Imaging Specialists, P.A.
19. Shock Trauma Associates, P.A.
20. University of Maryland Surgical Associates, P.A.
21. Maryland Medicine, P.A.
22. University Imaging Center, LLC
23. University of Maryland Community Physicians