



HIPAA JOINT PRIVACY NOTICE

THIS JOINT 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.

INTRODUCTION

This Joint Notice is being provided to you by **DM MD Medical** and the practitioners who provide services at the Practice facilities. We understand that your medical information is confidential and we will maintain the privacy of “protected health information” or “PHI” which includes any information about you that relates to your health or payment for your health care.

This Joint Notice provides you with information about your rights and our duties and privacy practices with respect to PHI. We must comply with this Joint Notice, although we may change this Joint Notice from time to time. You can always request a written copy of our most current privacy notice from **Daniel Miller, MD** at the Practice or you can access it on our website at www.dmmmdmedical.com

Note: HIV related information, genetic information, substance use and mental health records and certain information about minors may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to those special protections even if use or disclosure is permitted under this Joint Privacy Notice. For example, there are limitations on how substance use treatment information may be disclosed for treatment purposes.

PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of *treatment, payment and health care operations*. For each of these categories, we provide a description and an example below. Not every particular use or disclosure in every category will be listed.

- **Treatment** involves providing, coordinating or managing health care, including consultations or referrals for health care from one health care provider to another. For example, a doctor treating you for a

broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to contact a physical therapist to create the exercise regimen appropriate for your treatment.

- **Payment** means activities to obtain payment for health care, such as billing, collections, eligibility checks and other utilization review activities. For example, we may need to provide PHI to your payor to determine whether a treatment will be covered. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, and we will ask you to sign a release.
- **Health care operations** are the activities to operate the Practice such as quality assurance, case management, responding to patient

complaints, physician reviews, compliance programs, business management and administrative activities. For example, we may use PHI to review the performance of our staff. We may also combine PHI about patients to decide what additional services we should offer. In addition, we may remove information that identifies you and use it for any purpose.

OTHER USES AND DISCLOSURES OF PHI

We may also use your PHI in the following ways:

4856-7720-7941v.4

- To provide appointment reminders.
- To tell you about possible treatments or health-related benefits and services that may be of interest to you.
- To your family or friends or any other person identified by you to support such person’s involvement in your care or the payment for your care. We may use or disclose your PHI to assist in the notification of, a family member or another person responsible for your care, of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.
- We may include your name, location in the Practice, your general condition (e.g., fair, stable) and your religious affiliation in our Practice directory. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. You may request not to be listed in the directory.
- When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine that it is in your best interest to make such disclosures.
- We may contact you as part of our marketing efforts as permitted by applicable law.
- We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may look at the recovery of patients who received a particular medication. Most research projects are subject to a special approval process. When required, we will obtain a written authorization from you prior to using your PHI for research.

- We will use or disclose PHI about you when required to do so by law.
- In accordance with applicable law, we may disclose your PHI to your employer if we are asked to conduct medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

SPECIAL SITUATIONS

If permitted by other laws, we will make the following uses and disclosures of your PHI:

- Organ and Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ transplants as necessary for organ or tissue donation.
- Military and Veterans. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Worker's Compensation. We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.
- Public Health Activities. We may disclose PHI about you for public health activities, including disclosures:
 - ❖ to prevent or control disease, injury or disability
 - ❖ to report births and deaths
 - ❖ to report child abuse or neglect
 - ❖ to persons subject to the jurisdiction of the Food and Drug Administration (FDA)
 - ❖ to notify an agency if we believe that an adult patient has been the victim of abuse or domestic violence. We will only make this report if the patient agrees or when required by law.
- Health Oversight Activities. We may disclose PHI to federal or state agencies that oversee our activities.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.
- Law Enforcement. We may release PHI if asked to do so by a law enforcement official if also permitted by State and other Federal laws:
 - ❖ In response to a court order, warrant, summons or similar process
 - ❖ To identify or locate a suspect, fugitive, material witness, or missing person
 - ❖ About the victim of a crime
 - ❖ About a death we believe may be the result of a crime
 - ❖ About criminal conduct on our premises; or
 - ❖ In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner, medical examiner or funeral director.
- National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities or protection to the President or foreign heads of state.
- Inmates. If you are an inmate or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official, if necessary (1) to provide you with health care; (2) to protect your, or other's health; or (3) for the safety and security of the correctional institution.
- Reproductive Health. We may not use or disclose PHI for purposes of identifying, investigating or imposing criminal, civil, or administrative liability on any person simply for seeking, obtaining, providing, or helping a person to obtain reproductive health care, so long as the reproductive healthcare is lawful in the place where it was provided. For example, if a health oversight agency makes a request for reproductive health information for purposes of bring action against an individual for his or her decisions regarding reproductive health, we cannot turn over the PHI.
- Substance Use Information. PHI that is about substance use disorder ("SUD") treatment from an SUD provider shall not be used or disclosed in legal proceedings against the patient unless there is written consent, or a court order and subpoena that meet the requirements of Federal law.
- Serious Threats. As permitted by law, we may use and disclose PHI if we, in good faith, 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 or the public.

2

4856-7720-7941v.4 Practice

OTHER USES OF YOUR PHI

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization, which can be revoked by contacting us as described below.

YOUR RIGHTS

- You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to your request. We will comply with your request if it relates to a disclosure to your health plan regarding services for which you have paid the bill in full.
- You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations.
- You have the right to inspect and copy the PHI contained in our Practice records, subject to certain limitations. For example, psychotherapy notes, (i.e., notes that have been recorded about counseling sessions and have been separated from the rest of your medical record) are specially protected and will not be provided. If required by law, we will inform you of the basis for denials. You may submit your request in writing to the Medical Records Custodian.
- You have the right to request an amendment to your PHI but we may deny your request for amendment, if we determine that the PHI or record that is the subject of the request (e.g., if we decided that the record is accurate and complete).
- You have the right to receive an accounting of disclosures of PHI made by us other than to you for the six years prior to your request, except got certain disclosures, such as disclosures:
 - ❖ to carry out treatment, payment and health care operations
 - ❖ pursuant to your written authorization

- ❖ for the Practice's directory or to persons involved in your care or for other notification purposes as provided by law
- ❖ for national security or intelligence purposes
- ❖ to correctional institutions or law enforcement officials as provided by law

To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer at our Practice. We will notify you if there are any costs involved, and you may choose to withdraw your request before any costs are incurred.

- ☐ You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, if required by law.

COMPLAINTS AND CONTACT PERSON

If you believe that your privacy rights have been violated, you should immediately contact our Privacy Officer. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services.

If you need take advantage of any of your rights described in this notice, have any questions or would like further information about this notice, please contact our Privacy Officer at 914-364-3411.

This notice is effective as of June 1, 2025.

I, _____, acknowledge that I have been provided with a copy of DM MD Medical's privacy notice.

Date: _____