NOTICE OF PRIVACY PRACTICES

www.capitaldigestivecare.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Safeguarding Your Protected Health Information

Capital Digestive Care ("we" or "us") is committed to protecting the privacy of medical information that we create or obtain about you. That information is referred to as "Protected Health Information" or "PHI." PHI is information that identifies you and that we create or get from you or another health care provider, health plan, your employer or a health care clearinghouse and that relates to (1) your past, present or future physical or mental health or condition, (2) health care services that you received, or (3) the past, present or future payment for health care services that you received.

This Notice tells you about the ways in which we may use and disclose your PHI. It also describes your rights and certain obligations we have regarding the use and disclosure of your PHI. We are required by law to protect and maintain the privacy of your health information; provide you with this Notice describing our legal duties and privacy practices regarding protected health information; make the current version of this Notice available upon request, in our facilities and on our website; and follow the terms of the Notice currently in effect.

How We May Use and Disclose Your PHI

The following sections describe different ways that we may use and disclose your PHI. We abide by all applicable laws related to the protection of PHI. Not every use or disclosure will be listed. In all cases, if we maintain substance use disorder patient records that are subject to 42 CFR Part 2, we will not use or disclose those records for investigations or legal proceedings against you unless permitted by applicable law, including with your written consent or pursuant to a court order and subpoena, as applicable.

All of the ways we are permitted to use and disclose your PHI, however, will fall within one of the following categories:

Uses and Disclosures for Treatment, Payment and Health Care Operations

Treatment: We will use and disclose your PHI to provide you with medical treatment or services, to coordinate or manage your health care, or for medical consultations or referrals. For example, nurses, physicians and other members of your treatment team will record and use your PHI to determine the most appropriate course of care. We may also disclose your PHI to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to authorized family members who are helping with your care.

Payment: We will use and disclose your PHI so that the treatment and services you receive at Capital Digestive Care or from others may be billed to you and payment may be 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 visit at Capital Digestive Care so your health insurance company will pay us or reimburse you for the visit. We may also need to obtain authorization from your health insurance company before providing certain types of treatment.

Health Care Operations: We will use and disclose your PHI for our health care operations. These uses and disclosures are made to enhance the quality of care that we provide, review the competence of our health care professionals, and general business activities. For example, we may disclose your PHI to doctors, nurses, technicians and others for review and education purposes.

Technology-Assisted Care and Operations: We may use technology tools, including analytics, automation, and artificial intelligence-assisted systems, to support treatment, care coordination, documentation, payment activities, quality improvement, and other health care operations permitted by law. These tools are used to support treatment, payment, health care operations, quality improvement, care coordination, documentation and other activities permitted by law. Any use of protected health information through such tools is subject to applicable privacy, security, confidentiality, and contractual safeguards.

Individuals Involved in Your Care: We may share health information with a family member, friend, caregiver, personal representative, or other person involved in your care or payment for your care, when permitted by law and consistent with your preferences or our professional judgment. We may also share information with an entity assisting in disaster relief so that your family or others involved in your care can be notified about your condition, status, or location.

Other Uses and Disclosures

We may use or disclose your PHI for other reasons permitted or required by law, even without your authorization (permission), including:

Treatment Alternatives: We may use and disclose your PHI to tell you about, or recommend, possible treatment alternatives.

Our Services: We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you..

Fundraising: We may contact you to provide information about activities that we sponsor, including fundraising programs and events to support patient care at Capital Digestive Care. For this purpose, we may use your name and other limited information to contact you, including the dates on which and the department from which you received treatment or services from us, 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."

Health Information Exchanges: We may share PHI 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 about your past medical care, current medical conditions, and medications can be available to us and your non-Capital Digestive Care physician or hospital if we

participate in the same HIE. Exchange of PHI 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 health care providers can have the benefit of the most recent PHI available from other participating providers involved in your care. We participate in the Chesapeake Regional Information Systems for our Patients ("CRISP"), a regional health information exchange serving Maryland and D.C. As permitted by law, your PHI will be shared with CRISP in order to facilitate the secure exchange of your electronic PHI between health care providers and others for your treatment, payment, care coordination, or other health care operations purposes. You may have the right to opt out of certain HIE sharing as described in our Communications Notification form. An opt-out may not apply to disclosures required by law, public health reporting, or certain emergency treatment situations.

Business Associates: We contract with third parties referred to as "business associates" to provide certain services on our behalf, such as billing, information technology, consulting, legal, or administrative services. These entities are required by law and contract to appropriately safeguard your information.

Required by Law: We may disclose your PHI when we are required to do so by federal, state or other law. For example, we may be required to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.

Research: We may use or disclose your PHI for approved medical research.

Public Health Activities: We may disclose health information for public health activities as permitted or required by law, such as preventing or controlling disease, injury, or disability; reporting adverse reactions to medications or problems with products; notifying individuals of product recalls; reporting suspected abuse, neglect, or domestic violence; reporting certain diseases or conditions; or notifying persons who may have been exposed to a communicable disease or may otherwise be at risk.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as investigations, audits, inspections and licensure.

Judicial and Administrative Proceedings: We may disclose your PHI when ordered in a legal or administrative proceeding, such as a subpoena, discovery request, warrant, summons, court order, or other lawful process.

Law Enforcement Purposes: We may disclose your PHI to law enforcement officials for certain purposes authorized or required by law.

Deaths: We may disclose your PHI to coroners, medical examiners, funeral directors, and organ donation agencies as necessary for them to carry out their duties.

Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions: If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to correctional institutions or for national security purposes.

Workers Compensation: We may disclose your PHI for workers' compensation or similar programs providing benefits for work-related injuries or illness.

Written Authorization: Except as described above or as permitted by law, we will disclose your PHI only with your prior written authorization. Most uses and disclosures for marketing purposes, the sale of protected health information, and most uses and disclosures of psychotherapy notes require your written 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.

In all cases, if we maintain substance use disorder patient records about you that are subject to 42 CFR Part 2, we cannot use or disclose information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you unless permitted by applicable law, including with your consent or pursuant to a court order and subpoena, as applicable.

Information Subject to Additional Protections
Certain types of health information may be subject to additional protections under federal or state law, such as information related to HIV/AIDS, certain communicable diseases, genetic information, mental health information, substance use disorder information, or other specially protected information. When a federal or state law provides greater protection than HIPAA, we will follow the more protective law.

Individual Rights

You have the following rights, however, with regard to the PHI that we maintain about you:

Right to Request Restrictions: You may request restrictions on certain uses and disclosure of your PHI. You have the right to restrict disclosures of your PHI to your health plan for payment and health care operations purposes (and not for treatment) if the disclosure pertains to a health care item or service for which you paid out-of-pocket in full. If requesting a restriction for a health care item or service for which you paid out-of-pocket in full, we will honor your request, unless the disclosure is necessary for your treatment or is required by law. For all other restriction requests, we are not required to agree to such restrictions.

Right to Request Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using information we have.

Right to Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your PHI in our medical and billing records and in any of our other records that are used 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 your caregiver or the medical records department. We may charge you a reasonable fee for providing you with 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. You may also be able to access certain health information through our patient portal. Portal access does not replace your right to request access to your designated record set as described in this Notice. We may deny access in limited circumstances permitted by law. If we deny access, we will provide information about any review rights that may apply. Additionally, if we maintain your health information electronically, you may request an electronic copy of the information, when available, in a format permitted by law.

Right to Request an Amendment: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI. You have the right to request an amendment for as long as the PHI is kept by or for us 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 the contact person 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 PHI. 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 PHI (i) was not created by us (unless the person or entity that created the PHI is no longer available to respond to your request); (ii) is not part of the medical and billing records kept by or for us; (iii) is not part of the PHI which you would be permitted to inspect and copy; or (iv) is determined by us to be accurate and complete.

Right to Request Accounting of Disclosures: You have the right to receive a list of certain disclosures we have made of your PHI 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 the contact person 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 be Notified in the Event of a Breach:

We will notify you if we discover a breach of your unsecured protected health information that may have compromised the privacy and/or security of your information, as required by law.

Right to Receive a Paper Copy of this Notice: You have the right to receive a paper copy of this Notice, even if you have agreed to receive it electronically. You may ask us to give you a copy of this Notice at any time. Copies of this Notice will be available throughout our facilities, or by contacting the contact person listed at the end of this Notice, or you may obtain an electronic copy

At our website at https://www.capitaldigestivecare.com/hipaa-notice-of-privacy-practices/.

Right to Choose Someone to Act for You: If someone has legal authority to act on your behalf, such as a medical power of attorney, legal guardian, or other authorized personal representative, that person may exercise your rights and make choices about your health information. We will take reasonable steps to verify the person's authority before taking action.

Future Changes to this Notice

We reserve the right to change the terms of this Notice and to make the revised Notice effective for all protected health information that we maintain. Any revised Notice will be available upon request, posted in our facilities, and posted on our website. The effective date of the current Notice will appear on the Notice.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about your records, you may contact the Privacy Officer at the location where you are receiving services. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting HHS OCR's HIPAA complaint portal. We will not retaliate against you for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact:

Capital Digestive Care

ATTN: Privacy Officer

10770 Columbia Pike, Suite 400

Silver Spring, MD 20901

PatientRelations@capitaldigestivecare.com

Telephone: 240-485-5200

I _____
(Print Name) hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Signed: _____
Date:

If not signed, reason why acknowledgement was

Not obtained: _____

Staff Witness: _____

Date: _____