NOTICE OF PRIVACY PRACTICES

THIS 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.

DMC Primary Care ("DMC") is required by law to maintain the privacy and security of certain health information called "protected health information" (PHI). PHI is the information that you provide us or that we may create or receive about your healthcare, including medical records and billing information. This Notice is intended to advise you of the ways we may use and disclose your PHI, and to provide you with a description of our legal duties and privacy practices regarding the handling of your PHI.

In the event of a breach which may have compromised the privacy and security of your PHI, you will be notified promptly, but no later than 60 days from the time of the breach. In addition to your individual notification, we may be required to meet further reporting requirements set forth by state and federal agencies.

In many situations, such as ongoing care or billing, we may use and share your PHI without your written permission.

For Treatment: We may use your PHI to provide, coordinate and manage your healthcare treatment and services. We may exchange PHI with other healthcare professionals, such as physicians, nurses, technicians, clinical laboratories, imaging centers, and other professionals involved in your care. This may include professionals who referred you to us for treatment and/or professionals who may treat you in the future. We may communicate your PHI using various methods, including orally, written, facsimile and electronic communications.

For Payment: We may use and disclose your PHI to bill and collect payment from you, your insurance company, or a third-party payer. We may share your PHI in order to collect payment for services, verify coverage or obtain pre-approval for certain services.

For Healthcare Operations: We may use or disclose your PHI in order to support our business operations, which include management, planning, and activities that help improve the quality and efficiency of the care that we deliver. These activities may include employee review activities, quality assessments, or services provided by business associates, such as accounting or legal services. Business Associates are required to protect and safeguard your PHI, which is clearly defined in our Business Associate Agreements and/or other contracts or service agreements.

We may contact you to remind you of your appointment or share information about treatment options or preventative care.

Although we do not need your authorization for the following uses and disclosures of your PHI, we generally have to meet many conditions in the law before we can share your information for these purposes.

We may use or disclose your PHI for the following purposes and/or to the following agencies or individuals:

- Public health authorities charged with preventing or controlling disease, injury or disability.
- The U.S. Food and Drug Administration (FDA) to report information about products and activities it regulates.
- A coroner, medical examiner or funeral director, as authorized by law.
- Appropriate state agencies to report suspected abuse, neglect, or domestic violence.
- Law enforcement officials for specific purposes as required or permitted by law, such as to identify or locate a suspect, fugitive, material witness, or missing person.
- In response to an administrative order from the court or other lawful process.

- Health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensing.
- Military command authorities if you are a member of the armed forces, or to federal officials for national security, intelligence, or presidential protection activities.
- For workers' compensation requests, as authorized by and to the extent necessary to comply with laws relating to workers' compensation and other similar programs.
- In order to prevent a serious threat to the health and safety of you, the public, or another person.
- When we are required to do so by federal, state, or local law.

For certain health information, you may instruct us as to your preferences about what we share. If you have a preference in one of the situations below, please notify us.

Individuals Involved in Your Care: Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps to pay for your medical care. We may also notify these individuals in the case of an emergency and you are unable to consent. We will use our professional judgment to determine whether the disclosure is in your best interest, and only PHI that is relevant to your healthcare will be disclosed.

Disaster Relief: We may share your PHI with an entity assisting in disaster relief to coordinate efforts to notify someone on your behalf. If possible, we will try to get your permission before disclosing any PHI.

Some circumstances require that we obtain your written permission in order to release your PHI.

Psychotherapy Notes: Except in very limited circumstances, as required by law, we will not use or share psychotherapy notes without your written permission. Psychotherapy notes are those created for the therapist's own use and maintained separate from the medical record. They do not include medical records generated in the course of psychology or psychiatry visits, such as progress/visit notes.

Substance Use Disorder (SUD) Notes: We will not share substance use disorder (SUD) treatment records unless we have your consent, or it is permitted by 42 C.F.R. Part 2 (Part 2) rules. If we receive your Part 2 records from someone else, such as your SUD provider, we may disclose the records if allowed under HIPAA. However, we will not disclose SUD records for civil, criminal, administrative, or legislative proceedings against you, unless you consent in writing, or in response to a court order.

HIV Notes: We will not share HIV testing and test results without your consent, except to other healthcare providers treating you when sharing is necessary to protect your health.

Genetic Testing: We will not release results of genetic testing without your consent.

Marketing: We must obtain your written permission prior to using your PHI for marketing purposes. For example, we cannot share your PHI with a third party in order for them to market products to you. However, we are permitted to communicate with you via newsletters, mailings or other means regarding treatment options and information on health-related benefits or services, or other community-based initiatives in which our facility is participating.

If you have previously signed an authorization to release PHI, you may revoke that authorization at any time.

If you provided written permission to allow us to use or disclose your PHI, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your authorization.

You have certain rights regarding your PHI.

You have certain rights regarding your PHI. To make any of the requests listed below, please contact:

DMC Primary Care
Health Information Management
14B Tsienneto Road
Derry, NH 03038
Phone: 603-537-1300 / Fax: 603-537-1355

You have the right to:

Inspect and Copy: You have a right to inspect and obtain a copy, in the form and format you request, if it is readily producible in that form and format, of your medical records, billing records, and other records used to make decisions about you. Under limited circumstances, we may deny you access to a portion of your records if your provider feels that providing access could cause harm to you or someone else. In some circumstances, you may request that the denial be reviewed.

Request an Amendment: If you feel that the medical information we have is incomplete or incorrect, you may ask us to amend the information by submitting a request in writing. We may deny your request. If so, we will notify you in writing within 60 days.

Accounting of Disclosures: You have the right to request an accounting (list) of our disclosures of your PHI. The list will not include: disclosures made earlier than 6 years before your request, disclosures to carry out treatment, payment or healthcare operations, or certain other disclosures exempted by law.

Request Restrictions: You have the right to request a restriction or limitation of your PHI we use or share about you for treatment, payment or healthcare operations. We are not required to agree to your request (other than to your health plan as noted below), and will only agree if we are able to accommodate your request, and it will not negatively impact your care.

Restrictions to Your Health Plan (Insurance Company): You have the right to request that we restrict disclosure of your PHI to your health plan for covered services, provided the disclosure is not required by other laws. In that case, services must be paid in full by you.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you may request that we use an alternate phone number or address. We will agree to the request to the extent that it is reasonable for us to do so. We ask that you submit these requests in writing.

If you have a question or complaint, please contact us.

If you have any questions about this Notice, or if you think we may have violated your privacy rights, please contact us using the contact information below. You may also submit a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. If requested, we will provide you with the current contact information for the Office of Civil Rights.

We may make changes to this Notice.

If we change this Notice, we may make the new Notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in our waiting areas, and on our internet site. You may also obtain a copy by asking a member of our staff or contacting the Privacy Office at the contact information listed below.

DMC Primary Care
Privacy Office
14B Tsienetto Road
Derry, NH 03038
603-537-1372

Effective as of November 2025