

Apex Concierge Health
HIPAA NOTICE OF PRIVACY PRACTICES

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Effective Date: July 1, 2025

**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.**

Apex Concierge Health (“Apex”) is committed to maintaining the confidentiality of your medical information. This Notice describes how we may use and disclose your information. It also describes your rights and the responsibilities that we have regarding the use and disclosure of your medical information. We are required by law to: (i) protect your medical information; (ii) give you this Notice describing our obligations and our privacy practices with respect to your medical information; and (iii) follow the terms of the Notice that is currently in effect.

If you have any questions about this Notice, please contact our Privacy Officer listed above.

A. How We May Use Your Health Information

We may use or disclose your information in the following ways: We have not listed every type of use or disclosure here; the ones listed are only examples.

Treatment: We can use your medical information within our office to make sure you get the proper treatment that you need. We also share it with other professionals who are involved in treating you. For example, we may use and disclose your medical information for treatment purposes if we need to request the services of an outside laboratory to perform blood tests.

Payment: We can use and disclose your medical information to bill and receive payment for the treatment and services that Apex provides to you. For example, your medical information will be disclosed when we contact your insurance company for prior authorization or pre-certification for an admission or procedure.

To Run Our Organization (aka Health Care Operations): We can use and disclose your medical information for Apex operations. These uses and disclosures are made for medical staff purposes, educational purposes, general business activities and to enhance the quality of care and services Apex provides. For example, we may share your medical information with nurses and other Apex personnel for performance improvement measurements. We may also use and disclose your health information to contact you to remind you about appointments. If you’ve given us your cell phone number or your email address and authorized us to use either or both, we will do so, unless and until you change your mind. You must opt-out of phone, text and email messaging by following the directions in the messages we send.

Health Information Exchanges: Apex may share information electronically through Health Information Exchanges (HIEs) in which we participate to ensure that your health care providers outside of Apex have access to your medical information regardless of where you receive care. In addition, we may use HIEs to obtain information about care you received from other health care providers outside of Apex when those providers participate in the same HIE. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

Apex participates in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a regional Internet-based HIE. We may share information about you through CRISP for treatment, payment, health care operations, or research purposes. You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form (<https://connect.crisphealth.org/OptoutForm>) to CRISP by mail, fax, or through their website at <https://crisphealth.org>. Even if you opt-out of CRISP, public health reporting and

Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP as permitted by law.

Apex DOES NOT sell, fundraise, or do research with your health information.

We will not disclose any reproductive health information about you for any “prohibited purposes” as defined under HIPAA and we will require that anyone that requests your reproductive health information sign an attestation that the information will not be used for any prohibited purposes.

If you receive treatment for substance use disorder (SUD) from a facility that is funded by the federal government (a Part 2 facility), we will only use your information for treatment, payment and health care operations purposes and will request your authorization prior to making any other disclosures of such SUD records.

B. Additional Uses and Disclosure of Your Medical Information

We may use or disclose your medical information without your authorization (permission) for other purposes permitted or required by law, including:

- To tell you about, or recommend, possible treatment alternatives
- To inform you of services that we may be able to provide you
- In the event of a disaster, to organizations assisting in the disaster relief effort so that your family can be notified of your condition and location
- As required by state or federal law
- 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
- To authorized federal officials for intelligence, counterintelligence or other national security activities
- To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties
- To the military if you are a member of the armed forces and we are authorized or required to do so by law
- For Workers’ Compensation or similar programs providing benefits for work-related injuries or illnesses
- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
- If you are an organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation or donation
- To governmental, licensing, auditing and accrediting agencies.
- To a correctional institution as authorized or required by law if you are an inmate or under the custody of law-enforcement officials

- To third parties referred to as “business associates” that provide services on our behalf, such as billing, software maintenance and legal services
 - If there is a breach and we have to investigate, report to state or federal regulators, or have to notify you of the breach
 - Unless you say no, to anyone involved in your care or payment for your care, such as a friend, family member, or any individual you identify
 - For public health purposes - we may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
 - To Courts and attorneys when we get a court order, subpoena or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us
 - To law enforcement officials as authorized or required by law
- Other Uses of Health Information
Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization.

If you provide us with such authorization, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before you revoke/withdraw your authorization cannot be recovered.

C. When Apex May Not Use or Disclose Your Health Information

Except as described in this Notice, Apex will not use or disclose health information which identifies you to any third-party without your written authorization. If you do authorize Apex to use or disclose your health information to a third-party, you may revoke your authorization in writing at any time.

D. Your Health Information Rights: Your medical records are the property of Apex and Apex is accountable for your medical records, but the information belongs to you. You have the following rights regarding the health information we maintain about you:

1. **Right to Request Special Privacy Protections:** You have the right to request that we limit how we use and disclose your health information for treatment, payment or healthcare operations. We are not required to agree to your request, except under limited circumstances, but we will consider your request. If we do accept it, we will comply with your request, except if you need emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for payment or health care operations purposes.
2. **Right to Request Confidential Communications:** You have the right to request that health information about you be communicated to you in a certain way or at a certain location. For example, you may ask that we call your cell phone with appointment reminders instead of your home phone. We will accommodate reasonable requests.

However, if we are unable to contact you using the requested ways or locations, we may contact you using the information that we have.

3. **Right to Inspect and Copy:** With certain exceptions, you have the right to review or get a copy of your health or billing records or any other records used to make decisions about you. Your request should be made in writing to the Apex Privacy Officer. If you request a paper or electronic copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. You may also download a copy of your health record by logging into Our patient portal. We may deny access, under certain circumstances. You may request that we designate a licensed health care professional to review certain denials. We will comply with the outcome of the review.
4. **Right to Amend or Update:** You have the right to ask us to modify, but not delete, your health and/or billing information for as long as the information is kept by us. Requests should be made in writing to the Apex Privacy Officer. We may deny your request, under certain circumstances, and we will tell you why in writing.
5. **Right to an Accounting of Disclosures:** You have the right to a list of disclosures we have made of your health information in the six years prior to your request. The list will not contain disclosures that we make for purposes of treatment, payment or healthcare operations, and certain other disclosures (e.g., any disclosures that you asked us to make). Your request must state a time period, which may not be longer than six years. We'll provide one list a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months

E. Changes to this Notice of Privacy Practices

We reserve the right to change the terms of this Notice, and the changes will apply to all information we have about you. We will post a copy of the current Notice on Our website, <https://www.apexchm.com/>. In addition, at any time you may request a paper or electronic copy of the Notice currently in effect by emailing or calling our Privacy Officer.

F. Complaints

Complaints about this Notice of Privacy Practices or how Apex handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. If you are not satisfied with the manner in which this office handles a complaint, you may also submit a formal complaint to the U.S. Department of Health & 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.

Apex will not penalize you in any way for filing a complaint.