YOUR **INFORMATION.** YOUR **RIGHTS.** OUR **RESPONSIBILITIES.**

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.

YOUR RIGHTS

You have the right to:

 • Request confidential communication

 • Request confidential communication

 • Ask us to limit the information we share

 • Get a list of those with whom we've shared your information

 on these rights

 and how to

 exercise them.

YOUR CHOICES

See page 3 for more information on these choices and how to exercise them.

You have some choices in the way that we use and share information as we: • Tell family and friends about your condition • Provide disaster relief • Include you in a hospital directory

• Get a copy of your paper or electronic medical record

• Correct your paper or electronic medical record

Provide mental health care
Market our services and sell your information
Raise funds

OUR USES & DISCLOSURES

See pages 3 and 4

on these uses and

disclosures.

for more information

We may use and share your information as we: • Treat you

Run our organization
Bill for your services
Help with public health and safety issues
Do research
Comply with the law
Respond to organ and tissue donation requests
Work with a medical examiner or funeral director
Address workers' compensation, law enforcement, and other government requests
Respond to lawsuits and legal actions

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: https://www.hhs.gov/hipaa/index.html

Changes to the Terms of this Notice We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: December 10, 2013 • Revised Date: May 8, 2023

THIS NOTICE OF PRIVACY PRACTICES applies to the following Keith Clinic organizations:

5344 Central Avenue, Suite A

402 East Sugar Creek Road

• 4016 Triangle Drive

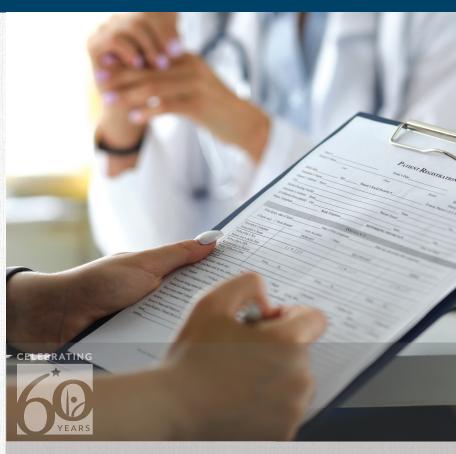
7001-A South Boulevard

405 North Chester Street

PRIVACY OFFICIAL

Jessica Graham, Director of Compliance compliance@starmounthealthcare.com 704-319-9200

Privacy Practices





Get an electronic or paper copy your medical record Sou can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. In these cases, you have both the tell us to: Share information with your family, close friends, or others involved in your cases to construct to incomplete. Ask us to to do this. We will provide a copy or a summary of your health information do but you thy out hy to this 30 days of your request. We may charge a reasonable, cost-based fee. In these cases, you have both the is the us to correct your medical record Share information with your family, close friends, or others involved in your cases tell us to: Tree tyou We can use your health information and share it with other professionals who are treating you. Request confidential confi
request, and we may say "no" if it would affect your care. For a list of those with whom we're a list (accounting) of the times we've shared your health information in the times we've shared your health information in other ways areas prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 morths.
Get a copy of this privacy notice You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. Help with public health ad safety issues • Preventing disease Contact regarding continuity of care and marketing We may contact you, by means such as telephone (and may leave a message), US mail, or e-mail, to provide: • Appointment reminders Cl Ken here size exections to medications • Reporting suspected abuse, neglect, or domestic violence • Birthday and/or thank you card for referrals

• Preventing or reducing a serious threat to anyone's health or safety

We will share information about you if state or federal laws require it,

including with the Department of Health and Human Services if it wants

We can share health information with a coroner, medical examiner, or

We can share health information about you in response to a court or

We can use or share your information for health research.

to see that we're complying with federal privacy law.

administrative order, or in response to a subpoena.

funeral director when an individual dies.

act for you

Choose If you have given someone medical power of attorney or if someone is your someone to legal guardian, that person can exercise your rights and make choices about your health information.

> We will make sure the person has this authority and can act for you before we take any action.

complaint if you feel your rights are

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File a You can complain if you feel we have violated your rights by contacting us using the information on the back of this pamphlet.

We will not retaliate against you for filing a complaint. You can file a complaint with the U.S. Department of Heath and Human Services Office violated for Civil Rights by

> Sending a letter to: 200 Independence Avenue, S.W.Washington, D.C. 20201 Calling: 1-800-368-1019 or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/

> > Notice of Privacy Practices • PAGE 3

director

Do research

Comply with the law

Work with a medical

examiner or funeral

Respond to lawsuits

and legal actions

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Healthcare, including StarMed Healthcare.

Displays for in office

public relations

• Periodic announcements that may be of interest to you

• Information you may receive may come from other

healthcare providers managed by Starmount

Unless you notify us you object in writing, we may use your

name and/or photograph for future marketing purposes. This

includes but is not limited to in-office displays, mailing peices

and/or social media platforms, such as Facebook, Twitter, and

Instagram. We may advertise services throughout our office

displays provided by other healthcare providers, including

Healthcare Management

The information you receive may come from other healthcare providers managed by StarMount

Starmed Healthcare.