

Alpha-Omega Direct Primary Care, LLC

Notice of Privacy Practices

Effective Date: February 27, 2023

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully. If you have any questions about this notice, please contact Dr. Hamawi at 508-753-7700.

Who Will Follow This Notice:

This notice describes the privacy practices of Alpha-Omega Direct Primary Care, LLC.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting your personal health information (PHI). We create a record of the care you receive at this office to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways in which we use and disclose your medical information. We also describe your rights and the obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our privacy practices with respect to your medical information; and follow the terms of the current notice.

We May Use and Disclose Medical Information About You Without Your Written Authorization For:

(Examples are for demonstration purposes and are not limitations of disclosure. Except in the case of Treatment, we are committed to disclosing only the minimum necessary information required for the purpose.)

- **Treatment.** Examples: to office staff, hospital staff, other healthcare providers, pharmacies, laboratories, others involved in your care.
- **Payment.** Examples: to your insurance company, our billing and payment services or collection agencies so that we may be paid or to obtain prior approval for services. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures performed and supplies used.
- **Health Care Operations.** Examples: for practice operations that help to make sure that you receive quality care, to train staff or students, or for business management purposes.
- **Other Permitted or Required Uses and Disclosures:**
 - **To our Business Associates.** Examples: telephone answering services, computer repair services, copy services, billing services. We require a privacy agreement with such associates to protect your PHI.
 - **Notification To You.** Examples: appointment reminders or notification of results via phone calls, phone messages (with persons answering or on answering machines), mail messages (including postcards). (See Right to Request Restrictions and Right to Request Confidential Communications.)
 - **To Communicate with Family.** Using our best judgment, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information: relevant to that person's involvement in your care or payment related to your care; to notify such persons of your location, general condition or death; or to assist in disaster relief.
 - **To Avert a Serious Threat to Your Health or Safety, the Public, or Another Person.**
 - **Special Situations:**
 - **To Organ and Tissue Donation Banks,** if you are an organ donor.
 - **To Military and Veterans Services, as required.**
 - **For Workers' Compensation,** if you are injured at work.
 - **For Public Health Activities.**
 - **To Health Oversight Activities by a Health Oversight Agency.**
 - **To Law Enforcement Officers,** if required by law.

- **To Coroners, Medical Examiners and Funeral Directors.**
- **For Lawsuits and Disputes**, in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.
- **To National Security and Intelligence Activities and Protective Services for the President.**
- **To the Food and Drug Administration (FDA)** to report adverse events with respect to medications, vaccines, foods, supplements, product defects or post marketing surveillance information.
- **To a correctional institution or law enforcement**, if you are an inmate.
- **For research**, approved by a special approval process or to people preparing to conduct a research project so long as the information they review does not leave the practice.
- **Where Required By Law.**

You have the following rights regarding medical information we maintain about you:

All requests must be submitted in writing, on a form provided by our office, to Dr. Tatiana Hamawi, 200 Lincoln Street, Suite 4 Worcester, MA 01605-2528.

Right to Inspect and Copy.* You have the right to inspect and copy your medical information. This includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy.

Right to Amend. If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You may request an amendment as long as the office has this information. Your request must include the reason. We may deny your request.

Right to an Accounting of Disclosures.* You have the right to request an accounting of disclosures we made of your PHI, excluding disclosures made for treatment, payment, healthcare operations and some required disclosures. Your request must state a time period, not longer than six years.

Right to Request Restrictions. You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, and health care operations or to someone who is involved in your care or the payment for your care. **We are not required to agree to your request.** If we agree, we will comply with your request unless the information is needed in an emergency.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or location. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We have the right to deny your request.

Right to Complain. If you believe your privacy rights have been violated, you may file a complaint in writing. **You will not suffer retaliation for filing a complaint.** You may also file a complaint with the Secretary of the Department of Health and Human Services in Washington D.C.

Right to a Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To request a copy, please ask the secretary. You may also obtain a copy of this notice at, www.aomedical.com.)

*Fees may apply.

Changes to this Notice:

We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any future information. We will post a copy of the current notice in the waiting room and make copies available to you at your request.

Other Uses of Medical Information:

Other uses and disclosures of information not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures, and that we are required to retain records of your care.