

NOTICE OF PRIVACY PRACTICES
BRYN MAWR MEDICAL SPECIALISTS ASSOCIATION

Effective Date: August 22, 2013

Revised: December 31, 2025

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

If you have any questions regarding this notice, you may contact our Privacy Officer at:

Address: Bryn Mawr Medical Specialists Association
Attention: Salvatore Filippello
825 Old Lancaster Road, Suite 320
Bryn Mawr, PA 19010

Telephone: (610) 527-3800, ext. 4177

Facsimile: (610) 527-0308

I. YOUR PROTECTED HEALTH INFORMATION

Bryn Mawr Medical Specialists Association is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of the notice currently in effect. We are also required to notify you following a breach of your unsecured protected health information. Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

We have a duty to keep your protected health information confidential and secure and to only disclose the information when authorized by you or when the law allows disclosure without authorization.

II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

A. Treatment, payment, and health care operations

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

Treatment

We may use your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- We may disclose medical information about you to doctors, nurses, technicians, medical students and other trainees, or other personnel who are involved in your care at our office.
- We may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays.
- We may disclose medical information about you to people outside of our office who may be involved in your medical care, such as other physicians, family members, or other health care related entities, such as skilled nursing facilities with whom you seek treatment.
- We may use a patient sign-in sheet in the waiting area which is accessible to all patients.
- We may page patients in the waiting room when it is time for them to go to an examining room.
- We may contact you to provide appointment reminders.

Payment

We may use your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether a proposed treatment is a covered service.
- We may need to give your health insurance company information about a procedure you received so your health insurance company will pay us or reimburse you for the procedure. This may include submission of a claim form.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- We may also disclose your medical information to other healthcare providers so that they can bill for health care services that they provided to you, such as ambulance services.
- Mailing you bills in envelopes with our practice name and return address.
- Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.
- Providing information to a collection agency or an attorney for purposes of securing payment of a delinquent account.

Health care operations

We may use your protected health information for our health care operation purposes, as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may use and disclose medical information about you for various quality assurance and quality improvement activities.
- Population-based activities relating to improving health or reducing health care costs.
- Health care fraud and abuse detection and compliance programs.
- Conducting other medical review, legal services, and auditing functions.
- Sharing information regarding patients and turning over patient records to entities that have purchased our entity.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

B. Other uses and disclosures not requiring authorization

We may use your protected health information for other purposes:

- Family members or close friends involved in your care or payment for your treatment.
- In a disaster relief effort so that your family can be notified of your condition and location.
- A government disaster relief agency if you are involved in a disaster relief effort.
- To inform you of treatment alternatives, or benefits or services related to your health. If we receive anything of value for making these communications, we will notify you of this fact, and you will have an opportunity to opt out of future communications.
- As required by law.
- Public health activities, including disease prevention, injury or disability, reporting of births and deaths, reporting child abuse or neglect, reporting reactions to medications or product problems, notification of recalls, infectious disease control, notifying government authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law).
- Health oversight activities (e.g. audits, inspections, investigations, and licensure activities),
- Lawsuits and disputes (e.g. as required by court or administrative order, or in response to a subpoena or other legal process).
- Law enforcement (e.g. in response to legal process or as required or allowed by law).
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation organizations.
- Certain research projects, as approved by an Institutional Review Board, or if certain conditions are met.
- To prevent a serious threat to public health or safety.
- To military authorities if you are a member of the armed forces.
- National security and intelligence agencies.

- Protection of the President or other authorized persons or foreign heads of state, or to conduct special investigations.
- Inmates or others in custody of a correctional institution or law enforcement.
- Workers' Compensation (in compliance with applicable laws).
- To Business Associates (individuals or entities that perform functions on our behalf, provided they agree to safeguard the information).
- We may incidentally disclose protected health information as a byproduct of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.
- We may disclose proof of immunization to a school for admission with oral or written agreement from a parent/guardian, or other person acting in *loco parentis*, or directly from the individual if an adult or emancipated minor.

C. Uses and disclosures with authorization

All other purposes that do not fall under a category listed above will require your written authorization to use or disclose your protected health information. We will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes, without a signed authorization. You may revoke your authorization, and thereby stop any future uses and disclosures, by notifying us in writing.

D. Artificial Intelligence

We may use artificial intelligence (AI) in the form of a Clinical AI Scribe, which will listen to your conversation with one of our providers during your visit and transcribe this information into a clinical note.

- This Clinical AI Scribe will never be used without your expressed consent
- All recordings will never be stored longer than is required to approve the clinical note.
- The Clinical AI Scribe vendor is prohibited from using any of your protected health information for any purpose other than to have the AI transcription performed. They are strictly prohibited from using any of your protected health information to train or improve its AI model.

III. PATIENT PRIVACY RIGHTS

You have the following rights regarding your medical records. Please contact our Privacy Officer to exercise your rights.

A. Right to privacy

You have a right to privacy for your protected health information. As noted above, we have a duty to protect your health information and only use it in accordance with HIPPA. We can only disclose your health information to those persons or entities you authorize or as permitted by law.

B. Right to request restriction

You may request limitations on how we use or disclose your medical information for health care treatment, payment, or operations (e.g. you may ask us not to disclose that you have had a particular surgery). We are not required to agree with your request, except for requests to restrict disclosures to a health plan for purposes of payment or health care operations when you have paid in full out-of-pocket for the item covered by the request, and when the disclosure is not required by law. If we agree, we will comply with your request, unless the information is needed to provide you with emergency treatment.

C. Right to confidential communications

You may request communications in a certain way or at a certain location. For example, you might request that we only contact you by mail or at work. We will accommodate reasonable requests for confidential communications, but you must specify how or where you wish to be contacted, and how payment will be handled.

D. Right to accounting of disclosures

You may request a list of instances where we have disclosed your medical information for certain types of disclosures. The accounting will not include disclosures that we are not required to record, such as disclosures pursuant to an authorization. This right is limited to disclosures within 6 years of the request. The first accounting you request within a 12-month period is free, but we will charge a fee for any additional lists requested within the same 12-month period.

E. Right to inspect and copy

You have a right to look at and obtain a copy of your medical records, billing records, and other records used to make decisions about your care. We may charge you a fee for our postage and labor costs and supplies to create a copy. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format.

F. Right to request amendment

If you believe that the medical information we have about you is incorrect or incomplete, you have the right to request that your records be amended. You must send this request in writing to our Privacy Officer on BMMSA's form including each change/amendment that you want, with a reason to support each change. Under limited circumstances, we may deny your request for amendment. If denied, you will receive an explanation for the decision and information explaining your options.

G. Right to copy of privacy notice

You may request a paper copy of this Notice at any time by contacting our Privacy Officer. You may also obtain an electronic copy of this Notice on our website. The Notice will be provided to you in other formats if you require special accommodations by contacting our Privacy Officer.

H. Right to notification of breach

We are required by law to notify affected individuals following a breach of unsecured medical information. A breach is generally defined as any disclosure of unsecured protected health information not permitted by this Notice. Examples of exceptions include unintentional access by employees and inadvertent disclosures within an office.

IV. CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We further reserve the right to make any new provisions effective for all protected health information that we maintain at the time of change, including information that we created or received prior to the effective date of the change. We will post a copy of our current Notice in our waiting room and also on our website. At any time, patients may review the current notice or request a paper copy by contacting our Privacy Officer.

V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, or with the Secretary of the United States Department of Health and Human Services. *You will not be penalized or retaliated against in any way for filing a complaint.*