

NOTICE OF PRIVACY PRACTICES

“PLEASE REVIEW THIS NOTICE CAREFULLY, AS IT DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED; YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION; HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR YOUR RIGHTS CONCERNING YOUR INFORMATION. You have the right to a copy of this notice (in paper or electronic form) and to discuss it with Angela Wood (COO) at (202) 889-7900, awood@fmcsinc.org if you have questions.”

INTENT OF NOTICE

Family and Medical Counseling Service, Inc. (FMCS) is committed to protecting the privacy of your health information. Family and Medical Counseling Service, Inc. will be referred to herein as “we” or “us.” This Notice describes how we use and share information we collect from you to provide you with quality care and comply with certain legal requirements. We will share your health information among ourselves to carry out treatment, payment, and healthcare operations. We strive to use only the minimum amount of your health information necessary for the purposes described in this Notice.

OUR PRIVACY OBLIGATIONS

When we share information to other persons and companies to perform services for us, we will require them to protect your privacy. There are other laws we will follow that provide additional protections, such as laws related to mental health, alcohol and other drug use, and HIV/AIDS.

We are required by law to maintain the privacy of your health information and to provide you with our Notice of Privacy Practices (“Notice”) of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We may update our privacy practices and the terms of our Notice from time to time. If we make changes, we will provide you with a revised Notice and post it in our office. The new Notice will apply to all health information we maintain, including information created or received before the date of the revision.

If there is a breach of your unsecured health information, we are required to notify you promptly. This means if your health information is accessed, used, or shared in a way that is not permitted by HIPAA and poses a risk to your privacy, we will inform you about what happened and what steps you can take to protect yourself.

We take our legal responsibilities seriously and are dedicated to ensuring your health information is handled with the utmost care and respect. If you have any questions or concerns about your privacy rights, please feel free to contact us. We are here to help.

FEDERAL AND STATE LAW NOTICE

We follow both federal and state laws to protect your health information. Federal law requires us to explain how we use and share your health information. Sometimes, state laws give you more privacy protections or greater access to your health information than federal law. When that happens, we follow the state law.

There is also a special federal law called 42 CFR Part 2 that protects records related to substance use treatment. If this law allows us to share your information but state law is stricter, we follow the stricter state law. But if 42 CFR Part 2 says we cannot share your information, then no law can override that, we must follow the federal rule.

HOW WE MAY USE OR SHARE YOUR HEALTH INFORMATION

We are allowed by law to use or share your health information for the following purposes without your written authorization or consent:

Treatment - We may use your information to provide you with medical treatment or services. We may share your health information with others who are involved in taking care of you. We may share your health information with another healthcare provider to deliver, coordinate, or manage your healthcare.

Payment - We may use or share your information to obtain payment for services provided to you. For example, we may share information with your health insurance company or another payer to obtain pre-authorization or payment for treatment.

Healthcare Operations - We may use or share your information for certain activities that are necessary to operate our practice and ensure that you receive quality care. For example, we may use your health information to evaluate the quality of services that you received and the performance of our staff in caring for you, to improve our performance, and to decide what additional services we should offer. Your health information may be used in statistical data and other monitoring data, which may be required by funding agencies. In such instances, we may remove information that identifies you as an individual so that others may use the information to study health care and health care delivery without learning who you are.

Business Associates - Sometimes, we work with companies or people to help us with certain services, like audits, legal advice, or collecting health data. These partners may need access to your health information to do their jobs. When we share your information with them, they must follow strict rules to keep it private and protect it, just like we do.

Health Information Exchange / CRISP - We may share your health information electronically with other doctors, hospitals, and healthcare providers in your area or in other places you may travel. This is usually done through a system called a Health Information Exchange, or HIE. HIEs help your care team work together, especially when more than one doctor is involved. They also help avoid repeated tests, which can save you time and money, and improve the quality of care you receive. FMCS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. You may “opt-out” and disable access to your health information available through CRISP when you register, by calling 1-877-952-7477, or completing and submitting an Opt-Out form to CRISP by

Effective Date 08/10/2026

mail, fax or through their website at www.crisphealth.org. Certain reporting required by law, such as public health reporting and Controlled Dangerous Substances information, will still be available to providers even if you opt-out. In addition, your providers will still be able to get your records, but they may need to use other methods like fax or mail, as allowed by law.

If you are being treated for substance use disorder by our facility, your data will not be shared through CRISP DC unless you file a consent to specifically share this information. If you elect to consent, your substance use disorder information will be shared with other clinicians who treat you, for payment of services, and other operational purposes like quality improvement and care coordination. Right now, to share your information, your consent must allow for the sharing of your information for all purposes related to treatment, payment, and operations. You can ask your clinician for more information about how to consent, what that consent means, and how you can revoke your consent.

Other Times We May Use or Share Your Health Information. - We may use or share your health information without your permission in certain situations allowed by law, including:

- To protect you or others if there is a serious threat to health or safety.
- When required by law, such as reporting abuse, neglect, or other events.
- For workers' compensation claims, as allowed by those laws.
- For public health reasons, like reporting diseases, injuries, births, deaths, or during public health investigations.
- For oversight activities, such as audits, inspections, or licensing of healthcare providers.
- When required by a court, such as through a court order, warrant, or subpoena.
- For government functions, such as military or correctional facility needs.
- For research, if certain privacy protections are in place.
- To help law enforcement, for example, to locate a missing person or report certain crimes.
- To support end-of-life services, such as sharing information with coroners, medical examiners, funeral directors, or organ donation organizations.

Sharing Outside Our Organization. - Once we share your health information with someone outside our organization, they might not have to follow the same privacy rules we do. For example, if we share your information with a company that is not covered by HIPAA, like a marketing company, they may use or share your information in ways that are not protected by HIPAA. We encourage you to be careful when sharing your health information with others. Ask how they plan to use it and how they will keep it private.

SPECIAL SITUATIONS WHERE YOU CAN CHOOSE NOT TO SHARE

We may disclose your health information in the following situations unless you tell us not to:

Family Members, Friends, and Others Involved in Your Care. We may share your health information with family members, friends, or others who help take care of you or help pay for your care. If you are here and able to make decisions, we will ask if it is okay to share your information. If you are not able to make decisions or are not here, we may share your information if we think it is best for you.

Disaster Relief Efforts. We may share limited health information with a public or private entity that is authorized to assist in disaster relief efforts to coordinate your care or notify your family about your location, condition, or death.

Facility Directories. If you are admitted to our facility, we may use your name, location in the facility, general condition, and religious affiliation in our facility directory. This information may be shared with people who ask for you by name, except for your religious affiliation, which will only be shared to clergy members. You have the right to object to this inclusion.

Fundraising Activities. We may use your information to contact you for fundraising efforts. You have the right to opt out of receiving these communications.

Appointments and Services. We may use and share your information to remind you of upcoming appointments. We may also inform you about treatment options, alternatives, or other health-related benefits and services that may be of interest to you.

School Immunization Requests. We may share your health information for school immunization requests if the school is required by law to have documentation of such immunization(s) for enrollment.

Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

WHEN YOUR WRITTEN PERMISSION IS REQUIRED

We will obtain your written permission before using or sharing your health information for purposes not covered by this Notice or the laws that apply to us. This includes:

Psychotherapy Notes. We will ask for your written permission before sharing any psychotherapy notes unless the law says we can in special cases.

Sensitive Health Information. We will ask for your written permission before using or sharing any sensitive health information for reasons not already described in this Notice or allowed by law. This includes information about things like mental health, HIV/AIDS, or genetic testing.

Sale of Health Information. We will ask for your written permission before we get paid for sharing your health information unless the law allows it in certain special situations.

Marketing. We will ask for your written permission before using or sharing your health information for marketing, unless we talk to you in person or give you small free items.

Other Uses and Sharing of Your Health Information. We will only use or share your health information in ways not listed in this Notice or required by law if you give us written permission.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

When We Can Share Your Information. We keep your substance use treatment records (“Part 2 records”) private. But sometimes, the law allows or requires us to share them without your permission. These situations include:

- If you have a serious health emergency and we cannot ask you first, we may share your records with medical staff to help you.
- If a medicine or product you used could be harmful because of a mistake, we may report it to the Food and Drug Administration (FDA).
- We may use your records for research, but only if certain privacy protections are in place.
- If a judge gives us a court order, we may have to share your records.
- If we think a child is being harmed, we must report it to the appropriate state or local authorities.
- We may share your records with groups that check our work or help fund our program to help make sure we are doing things right.
- We may share your records with companies that help us with things like billing or lab tests. These companies must promise to keep your information private.
- We may share information to help protect public health, but we will remove your name and any details that could identify you.

When We Need Your Written Consent. We take your privacy seriously and work hard to keep your Part 2 records private. In most cases, we need your written permission (called “consent”) before we can use or share your Part 2 records. This includes:

- **Treatment, Payment, and Healthcare Operations:** We will ask for your written consent before sharing your records with other healthcare providers, like your primary care doctor or a specialist, to help coordinate your care. We also need your consent to use your records for things like billing, insurance claims, or sharing information through a Health Information Exchange (HIE). You can give us one consent that covers all future uses and sharing for these purposes. That means once you give us permission, we do not have to ask you again each time we use or share your records for these purposes.
 - You can read more about HIEs and your right to opt out in the “Health Information Exchange” section of this Notice.
- **Research:** If your Part 2 records are going to be used for research, we will ask for your written consent first. This helps make sure you understand and agree to how your information will be used.
- **Sharing with Family or Friends:** If you want us to talk to your family or friends about your treatment or involve them in your care, we will ask for your written consent before sharing any information with them.
- **Substance Use Disorder Counseling Notes:** We will ask for your specific written consent before using or sharing any counseling notes related to substance use disorder unless the law allows or requires us to do so without your consent.
- **Other Purposes:** If we want to use or share your Part 2 records for anything not listed in this Notice or not allowed by law, we will ask for your written consent first.

Limits on Legal Use of Your Records. Your Part 2 records are protected by federal law. In most cases, they cannot be used in court or legal proceedings against you unless you give written permission, or a judge gives a special court order that meets strict legal rules. If a judge asks for your records, you will usually be told ahead of time and given a chance to speak up before anything is shared. The court order must also include a subpoena or similar legal document. These protections are in place to help keep your treatment private and support your recovery.

YOUR PRIVACY RIGHTS

You have several rights concerning your health information. Understanding and exercising these rights helps ensure your privacy and the confidentiality of your information. Here are your rights and how you can exercise them:

Right to Access Your Health Information. You have the right to look at and get a copy of your health records, including your Part 2 records, except in certain situations where access may be restricted by law. If your records are stored electronically, you can ask for a copy in an electronic format. You may also ask us to send your records to someone else you choose. We may charge a small, cost-based fee for copies, and we will let you know about any fees in advance. To request your records, please send us a signed, written request.

- Sometimes, we may not be able to give you access to certain records if the law does not allow it, such as psychotherapy notes or information prepared for legal proceedings. If we deny your request, you can ask for a review. A licensed healthcare professional who was not involved in the original decision will look at your request, and we will follow their decision.

Right to Amend Your Records. You have the right to ask us to change or correct the health information we keep about you. To make a request, you need to submit a signed, written request explaining what you want changed and why. We will review your request carefully, but we are not required

Effective Date 08/10/2026

to make the changes. If we agree to your request, we will update your records and let you know. We cannot change what is already in the record, but we may let others know if they received incorrect information. If we deny your request, we will send you a letter explaining why. You can then send us a written statement to add to your record, so your side of the story is included.

Right to an Accounting of Disclosures. You have the right to request a list of certain times we have shared your health information in the past six years. This list will not include times we shared it for treatment, payment, or healthcare operations, or when we gave it directly to you or shared it with your written permission.

- For your Part 2 records, you can ask for a list of times we shared your information with your written permission in the past three years. If we shared your records for treatment, payment, or healthcare operations using our electronic health record (EHR), you can ask for a list of those times, too. If you gave us general permission to share your records, you can also ask for a list of who received your information under that permission in the past two years.
- To request this list, please send us a signed, written request. You can get one list for free every 12 months. If you ask for more than one list in the same year, we may charge a fee. We will let you know the cost before we send the list.

Right to Request Restrictions. You have the right to ask us not to use or share your health information in certain ways. For example, you may want to limit how we use it for treatment, billing, or healthcare operations, even if you have already given permission. You can also ask us not to share information with your health insurance plan if you paid for the service yourself. If you make this request, we will not share it unless the law says we must.

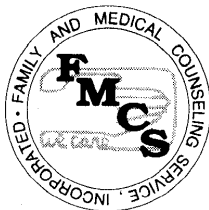
- To ask for a restriction, send us a signed, written request explaining what information you want to limit and why. We do not have to agree to every request, but we will try to honor reasonable ones. If we do agree, we will follow the restriction unless there is an emergency and your information is needed to treat you. We may remove the restriction later if needed, and we will let you know if we do.

Right to Request Confidential Communications. You can ask us to contact you in different ways or at a different place if that is more convenient or private for you. For example, you might want us to call you at work instead of home or send you information by email rather than by mail. To make this request, write to us and let us know how and where you would like to be contacted. You do not need to explain why you are making the request. We will do our best to meet your request if it is reasonable and possible.

Right to Cancel Your Permission. You have the right to cancel (revoke) your written permission for us to use or share your health information, including your Part 2 records, at any time. To do this, send us a signed letter and a clear description of the permission you want to cancel. Once we receive the request, we will stop using or sharing your information based on that permission. This includes any general permission you gave us to share your health information, or any written consent you gave us to share your Part 2 records. However, canceling your permission will not change anything we already did before we got your request.

NEED HELP OR MORE INFORMATION? / HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint in writing with the Chief Operating Officer at FMCS and/or with the Secretary of the Department of Health and Human Services. **You may file a complaint with Angela Wood, Chief Operations Officer by emailing awood@fmcsinc.org, sending a letter to 2041 Martin Luther King Jr. Ave. SE, Suite 303, Washington, DC 20020, or calling (202) 889-7900.** You can also file a complaint with the U.S. Department of Health and Human Services 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/. There will be no retaliation for filing a complaint.



Family and Medical Counseling Service, Inc. (FMCS)

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____ have received a copy of the Notice of Privacy Practices for Family and Medical Counseling Service, Inc.(FMCS).

Print Name

Signature of Consumer

Date

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please specify)

