Notice of Privacy Practices

Quality Primary Care Associates

Effective Date: July 2026

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.

Our Commitment to Your Privacy

Quality Primary Care Associates (*the Practice*, *we*, *us*, or *our*) is committed to protecting the privacy of your health information. This Notice applies to all medical records and protected health information ("PHI") created or maintained by the Practice and its providers. We are required by law to maintain the privacy of your PHI; provide you with this Notice of our legal duties and privacy practices; follow the terms of the Notice currently in effect; and notify you following a breach of unsecured PHI.

"Protected Health Information" is information that identifies you and relates to your past, present, or future physical or mental health, the provision of health care to you, or payment for that care.

How We May Use and Disclose Your Health Information

The following describes the ways we may use and disclose your PHI without your written authorization.

Treatment. We may use and disclose your PHI to provide, coordinate, and manage your medical care, including sharing information with other physicians, specialists, hospitals, laboratories, pharmacies, and other providers involved in your care.

Payment. We may use and disclose your PHI to bill and obtain payment for the services we provide, including verifying insurance eligibility, obtaining prior authorizations, and submitting claims to your health plan.

Health Care Operations. We may use and disclose your PHI for our business operations, such as quality improvement, care coordination, training, credentialing, accreditation, audits, and general administration. As a participant in value-based and care-coordination programs, including the Maryland Primary Care Program (MDPCP), Patient-Centered Medical Home (PCMH) initiatives, and programs administered by CareFirst BlueCross BlueShield, we may use and disclose your PHI as permitted by HIPAA to support care coordination, population health, and quality reporting.

Appointment Reminders, Test Results, and Health-Related Communications. We may contact you to remind you of appointments, provide test results, and share information about treatment options and health-related services that may benefit you.

Health Information Exchange (CRISP). We participate in the Chesapeake Regional Information System for our Patients (CRISP), Maryland's state-designated health information exchange. Through CRISP, your health information may be shared securely with other treating providers to improve and coordinate your care. You have the right to opt out of having your information shared through CRISP by visiting

www.crisphealth.org or by calling CRISP directly. Opting out does not affect information shared before your opt-out is processed.

Prescription Drug Monitoring Program (PDMP). As required and permitted by Maryland law, our providers may access and report information to the Maryland Prescription Drug Monitoring Program when prescribing or reviewing controlled-substance medications, to support safe prescribing.

Individuals Involved in Your Care. Unless you object, we may disclose PHI to a family member, friend, or other person you identify as involved in your care or payment for your care. In an emergency, or if you are unable to agree or object, we will use professional judgment to disclose only the PHI directly relevant to that person's involvement.

As Required by Law and for Public Health and Safety. We may use or disclose your PHI when required by federal, state, or local law, and for public health activities, reporting of abuse or neglect, health oversight activities, judicial and administrative proceedings, law enforcement purposes, serious threats to health or safety, workers' compensation, organ donation, and specialized government functions, in each case as permitted by HIPAA.

Uses and Disclosures That Require Your Written Authorization

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI will be made only with your written authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

Your Rights Regarding Your Health Information

You have the right to:

- **Inspect and copy** your PHI, including an electronic copy of records we maintain electronically, subject to limited exceptions. We may charge a reasonable, cost-based fee.
- **Request an amendment** of your PHI if you believe it is incorrect or incomplete.
- **Request an accounting** of certain disclosures we have made of your PHI.
- **Request restrictions** on certain uses and disclosures. We are not required to agree, except that we will honor a request to restrict disclosure to a health plan for a service you paid for in full, out of pocket.
- **Request confidential communications** by alternative means or at an alternative location.
- **Receive a paper copy** of this Notice upon request, even if you agreed to receive it electronically.
- **Be notified** of a breach of your unsecured PHI.

Our Duties

We are required to maintain the privacy of your PHI, provide you with this Notice, abide by its terms, and notify you of breaches of unsecured PHI. We reserve the right to change this Notice and to make the revised Notice effective for PHI we already have as well as information we receive in the future. The current Notice will be posted in our offices and on our website at qualitycaremd.com.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the U.S. Department of Health and Human Services. To file a complaint with the Practice, contact our Privacy Officer:

Privacy Officer: Suresh Malik, MD

Quality Primary Care Associates (Attn: Office Manager / Privacy Officer)
50 West Edmonston Drive, Suite 404, Rockville, MD 20852
Phone: 301-762-7723

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201; 1-877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

For More Information

For questions about this Notice or our privacy practices, contact our Privacy Officer at the address and phone number above.

Our Locations

Rockville: 50 West Edmonston Drive, Suite 404, Rockville, MD 20852
Gaithersburg: 818 West Diamond Avenue, Unit 130, Gaithersburg, MD 20878
Columbia / Elkridge: 8186 Lark Brown Road, Suite 201, Elkridge, MD 21075