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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.

This Notice of Privacy Practices (“Notice”) applies to all services operated by Hitchcock Medical Group, including but not limited to:

- Hitchcock Family Medicine (Direct Primary Care)
- Hitchcock Direct Imaging
- Hitchcock Family Pharmacy
- Any future affiliated clinics, services, or programs

### **Our Responsibilities**

Hitchcock Medical Group is required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice describing our legal duties and privacy practices
- Follow the terms of the Notice currently in effect

### **How We May Use and Disclose Your Health Information**

The following categories describe the ways we may use and disclose health information without your written authorization:

**Treatment:** We may use and disclose your health information to provide, coordinate, or manage your healthcare, including sharing information among physicians, imaging staff, pharmacists, and other authorized healthcare professionals involved in your care.

**Payment:** We may use and disclose health information to process payment for services provided. Hitchcock Medical Group operates primarily on a cash-priced basis and does not bill insurance; however, payment-related information may still be used for accounting and administrative purposes.

**Healthcare Operations:** We may use and disclose health information for operational purposes such as quality assessment, staff training, licensing, auditing, compliance, and business management.

### **Imaging & Diagnostic Information**

Diagnostic imaging information, including CT, X-ray, ultrasound images, and associated reports, are stored using secure, industry-standard systems. Access is limited to authorized personnel. Images and reports may be shared with ordering providers and patients through secure portals for diagnosis, treatment, and care coordination.

### **Other Permitted Uses and Disclosures**

We may also use or disclose your health information as permitted or required by law, including:

- Public health and safety activities
- Health oversight activities
- Law enforcement requests
- Legal proceedings
- To avert a serious threat to health or safety



# Notice of Privacy Practices & Privacy Policy

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## Uses and Disclosures Requiring Authorization

Uses and disclosures of your health information not described in this Notice will be made only with your written authorization. You may revoke such authorization at any time in writing.

## Your Rights Regarding Your Health Information

You have the right to:

- Request access to and obtain a copy of your medical records
- Request corrections or amendments to your records
- Request restrictions on certain uses or disclosures
- Request confidential communications
- Receive an accounting of disclosures
- Obtain a paper copy of this Notice upon request

## Data Security

We maintain administrative, technical, and physical safeguards designed to protect your health information against unauthorized access, disclosure, alteration, or destruction.

## Changes to This Notice

We reserve the right to change this Notice and make the revised Notice applicable to information we already maintain. The current Notice will always be available on our website.

## Contact Information

If you have questions about this Notice or believe your privacy rights have been violated, please contact:

Hitchcock Medical Group  
Privacy Officer  
Email: [info@hitchcock.md](mailto:info@hitchcock.md)  
Phone: (423) 763-1942