

JOHN K. WILDEMORE, MD, LLC

NOTICE OF PRIVACY PRACTICES

Original Effective Date: January 1, 2007

Revision Dates: September 1, 2013, and February 1, 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.

John K. Wildemore, MD, LLC is required by law to maintain the privacy of your protected health information (PHI) and to provide you with this notice of our legal duties and privacy practices regarding your health information.

We are required to follow the terms of this notice currently in effect.

OUR USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We may use or disclose your protected health information for the following purposes without your written authorization:

1. **Treatment**
We may use and disclose your health information to provide, coordinate, or manage your medical treatment and related services. This may include communication with other healthcare providers involved in your care.
2. **Payment**
We may use and disclose your health information to obtain payment for services we provide to you. For example, we may send information to your insurance company for billing and reimbursement.
3. **Health Care Operations**
We may use or disclose your health information for our practice operations, including quality assessment, employee review, training, licensing, and other administrative activities necessary to run our medical practice.
4. **Appointment Reminders and Health Information**
We may contact you to remind you about appointments or provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.
5. **As Required by Law**
We may disclose health information when required by federal, state, or local law.
6. **Public Health Activities**
We may disclose your health information for public health purposes such as preventing

or controlling disease, reporting adverse reactions to medications, or notifying individuals of recalls.

7. Health Oversight Activities

We may disclose health information to health oversight agencies for activities authorized by law such as audits, investigations, and inspections.

8. Law Enforcement

We may disclose health information in response to a court order, subpoena, or other legal process, when required by law.

9. Workers' Compensation

We may disclose health information as authorized by laws relating to workers' compensation.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

Certain health records related to substance use disorder diagnosis, treatment, or referral may be protected by additional federal confidentiality laws under 42 CFR Part 2.

These records generally cannot be used or disclosed without your written consent unless otherwise permitted by law. If such information is disclosed with your consent, federal law may limit further disclosure by the recipient.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other uses and disclosures of your health information will be made only with your written authorization. You may revoke this authorization at any time in writing, except to the extent that we have already acted based on the authorization.

Examples include:

- Most uses and disclosures for marketing purposes
- Sale of protected health information
- Certain uses of psychotherapy notes

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your protected health information:

1. Right to Inspect and Copy

You have the right to request access to your medical records and obtain a copy.

2. **Right to Request an Amendment**
If you believe your health information is incorrect or incomplete, you may request that we amend the record.
 3. **Right to an Accounting of Disclosures**
You have the right to request a list of certain disclosures we have made of your health information.
 4. **Right to Request Restrictions**
You may request restrictions on certain uses or disclosures of your health information. While we will consider your request, we may not be required to agree except where required by law.
 5. **Right to Request Confidential Communications**
You may request that we contact you in a specific way or at a specific location.
 6. **Right to a Paper Copy of This Notice**
You have the right to receive a paper copy of this notice at any time.
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OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your health information
- Provide you with this notice of our legal duties and privacy practices
- Notify you following a breach of unsecured protected health information
- Follow the terms of the notice currently in effect

We reserve the right to change this notice and make the revised notice effective for all information we maintain.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Privacy Officer Contact Information:

John K. Wildemore, MD, LLC

Privacy Officer: Angela Hall

744 W. Lancaster Ave., Suite 230 Wayne, PA 19087

610-688-8750

admin@drwildemore.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

CONTACT INFORMATION

If you have questions about this notice or your privacy rights, please contact:

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