



509 S. Cherry Grove, Suite C  
Annapolis, MD 21401  
844-322-4222  
www.emc4me.com

## HIPAA NOTICE OF PRIVACY PRACTICES

*Effective Date: June 1, 2025*

**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.**

**WHO WILL FOLLOW THIS NOTICE:** Evolve Direct Primary Care; MDF, LLC

**OUR COMMITMENT TO YOUR PRIVACY:** At Evolve Direct Primary Care (“Evolve”), we are committed to protecting your health information. This notice describes your rights and our legal duties with respect to your Protected Health Information (PHI), as required by the Health Insurance Portability and Accountability Act (HIPAA).

**We are required by law to:**

- Maintain the privacy of your protected health information.
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information.
- Abide by the terms of this Notice that are currently in effect; and
- Notify affected individuals following a breach of unsecured protected health information.

**CRISP:** We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org)

**CAREQUALITY INTEGRATION:** We may make your protected health information available electronically through an electronic health information exchange to other health care providers that request your information for their treatment purposes. In all cases the requesting provider must have or have had a treating relationship with you. Participation in an electronic health information exchange also lets us see other provider’s information about you for our treatment purposes.

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

**For Treatment.** To provide & coordinate your healthcare, we may share information with doctors/providers involved in your care.

**For Payment.** Although Evolve operates under a direct primary care model and does not bill insurance, we may use your information to collect payment from you or for services rendered, including labs, referrals, or non-covered services.

**For Healthcare Operations.** We may use information to evaluate quality of care, train staff, manage the practice, & conduct business planning.

**With Your Authorization.** Any other use or disclosure of your PHI not described in this Notice requires your written authorization. You may revoke this at any time in writing.

**As Required by Law.** We may disclose information when required by federal, state, or local law.

**To Prevent a Serious Threat.** We may share your information if necessary to prevent a serious threat to your health and safety or the health and safety of others.

**For Public Health and Safety.** We may share information for public health activities such as disease reporting, FDA monitoring, or abuse reporting.

**For Health Oversight Activities.** We may provide information to govt agencies responsible for audits, investigations, or licensure.

**For Legal Proceedings.** We may share information in response to a court or administrative order, subpoena, or other lawful process.

**For Law Enforcement.** We may release information if asked to do so by a law enforcement official.

**Portal.** If you sign up to use our self-service portal, we may use and disclose health information to contact you; provide you with test results; refill medications; provide education about your illness; and schedule office appointments.

**Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment.



509 S. Cherry Grove, Suite C  
Annapolis, MD 21401  
844-322-4222  
www.emc4me.com

**Military and Veterans.** If you are a member of the Armed Forces or have been separated or discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**Organ or Tissue Donation.** We may use or disclose health information to organ procurement organizations or entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissue for the purpose of organ, eye or tissue donation and transplantation.

**Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

**Change of Ownership.** If this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner. You will maintain the right to request that copies of your health information be transferred to another physician/medical group.

**Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

- Inspect and Obtain a Copy of your medical record.
- Request an Amendment if you believe your record is incorrect or incomplete.
- Request a Restriction on certain uses or disclosures. We are not required to agree, but we will try to accommodate reasonable requests.
- Request Confidential Communications by alternative means or at alternative locations.
- Receive an Accounting of Disclosures of your PHI, excluding disclosures for treatment, payment, and operations.
- Receive a Paper Copy of this Notice, even if you have agreed to receive it electronically.
- File a Complaint if you believe your rights have been violated.

**Contact Information:** f you have any questions about this Notice or want to exercise your rights, please contact:

**Privacy Officer: Courtney Budd (844) 322-4222 509 S. Cherry Grove, Annapolis, MD, 21401**

**Complaints:** A complaint may also be filed with the Secretary of the Department of Health and Human Services. The complaint must be filed with the Secretary within 180 days of when you know or should have known of the act or omission, unless this time limit is waived by the Secretary for good cause shown. You will not be penalized in any way for filing a complaint. The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf).

**CHANGES TO THIS NOTICE:** We reserve the right to change this Notice at any time. Any changes will apply to all PHI we maintain. A current copy of the Notice will be posted in our office and on our website.

**ACKNOWLEDGMENT OF RECEIPT: By signing our patient forms, you acknowledge that you have received or had the opportunity to review this Notice of Privacy Practices.**

**This Notice of Privacy Practices applies to the following organizations:**

MDF, LLC; MyDrFreedman, LLC; DBA Evolve Medical Clinics; DBA Evolve Direct Primary Care, Evolve Urgent Care, Michael R. Freedman, MD

**Patient Signature:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_