Notice of Privacy Practices - Medical Associates of Rhode Island, Inc.
Effective August 11, 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.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This Notice also describes your rights to access, amend, and obtain copies of your protected health information.
You have the right to receive a copy of this Notice. You also have the right to request restrictions on certain uses and disclosures of your protected health information and to request confidential communications.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE - You will be asked to provide a signed acknowledgment of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment and will use and disclose your protected health information in accordance with applicable law.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION - "Protected health information" is individually identifiable health information, including demographic information such as your age and address, that relates to your past, present, or future physical or mental health or condition and related health care services. Our Practice is required by law to: (1) Keep your protected health information private; (2) Provide you with this Notice describing our legal duties and privacy practices concerning the use and disclosure of your protected health information; (3) Follow the terms of the Notice currently in effect; (4) Notify you as required by law following a breach of unsecured protected health information; and (5) post and make available to you any revised Notice. We reserve the right to revise this Notice and to make the revised Notice effective for health information we already have about you as well as information we receive in the future. The Notice's effective date appears at the top of this page.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION - Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures – By law, we must disclose your health information to you upon your request, subject to certain exceptions permitted by law. We must also disclose health information to the Secretary of the U.S. Department of Health and Human Services when required for investigations or determinations of our compliance with federal laws protecting health information.

Treatment – We will use and disclose your protected health information to provide, coordinate, or manage your health care and related services. This includes coordinating or managing your health care with other health care providers. For example, we may disclose your protected health information to another physician, specialist, pharmacist, laboratory, hospital, or other health care provider who becomes involved in your care. In emergencies, we will use and disclose your protected health information as necessary to provide the treatment you require.

Payment – Your protected health information may be used and disclosed as necessary to obtain payment for your health care services. This may include activities necessary to determine eligibility or coverage for benefits, obtain prior authorization, submit claims, or obtain payment from a health plan or other responsible party. For example, we may provide relevant protected health information to your health insurance plan so that the plan can determine whether to pay for your treatment.

Health Care Operations – We may use or disclose, as needed, your protected health information to support our daily activities related to providing health care. These activities include billing, collection, quality assessment and improvement, licensing, credentialing, compliance activities, and staff performance reviews. For example, we may disclose your protected health information to a billing agency to prepare claims for reimbursement for services provided to you. We may call you by name in the waiting room when your physician is ready to see you. We may contact you to remind you of appointments and may communicate with you regarding treatment, prescriptions, test results, health-related benefits, or services that may be of interest to you. We may share your protected health information with persons or entities that perform services for our Practice, such as billing, transcription, information technology, or other administrative services. These business associates are required by law and contract, where applicable, to protect your health information.

Required by Law – We may use or disclose your protected health information when federal, state, or local law requires the use or disclosure.

Public Health – We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. For example, disclosure may be necessary to prevent or control disease, injury, or disability; report births and deaths; or report reactions to medications or problems with medical products.

Communicable Diseases – We may disclose your protected health information, when authorized by law, to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or condition.

Health Oversight – We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensing activities, and enforcement actions.

Food and Drug Administration – We may disclose your protected health information to the Food and Drug Administration or persons subject to FDA jurisdiction when permitted by law to report adverse events, track products, enable product recalls, make repairs or replacements, or conduct post-marketing review.

Legal Proceedings – We may disclose protected health information during a judicial or administrative proceeding, in response to a court or administrative order, or, when permitted by law, in response to a subpoena, discovery request, or other lawful process.

Law Enforcement – We may disclose protected health information for law enforcement purposes when permitted or required by applicable law, including certain requests for identification or location and circumstances involving victims of a crime.

Coroners, Medical Examiners, Funeral Directors, and Organ Donations – We may disclose protected health information to coroners or medical examiners for identification, to determine the cause of death, or for other duties authorized by law. We may also disclose protected health information to funeral directors and organ, eye, or tissue donation organizations as authorized by law.

Research – We may disclose protected health information to researchers when authorized by law, including when the research has been approved by an appropriate review process designed to protect the privacy of your health information.

Threat to Health or Safety – Under applicable federal and state laws, we may disclose protected health information when we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security – When the appropriate conditions apply, we may use or disclose protected health information of Armed Forces personnel for activities authorized by law. We may also disclose protected health information, under specified conditions, to authorized federal officials for national security, intelligence, or protective-service activities.

Workers' Compensation – We may disclose your protected health information to comply with workers' compensation laws and similar government programs.

Inmates – We may use or disclose protected health information concerning an inmate of a correctional facility when permitted or required by law.

Parental Access – State and federal laws concerning minors may permit or require certain disclosures of protected health information to parents, guardians, and persons acting in a similar legal capacity. We will act consistently with applicable law.

HEALTH INFORMATION EXCHANGE – Medical Associates of Rhode Island, Inc. participates in Health Information Exchange ("HIE"), to the extent applicable to our Practice and participating providers. Secure electronic network that allows participating health care providers to access and exchange certain health information, such as prescriptions, laboratory results, hospital visits, and other clinical information, to support coordinated care.

You have the right to opt out of HIE. If you wish to opt out of HIE, you must notify your provider. Your decision to opt out will not affect your ability to receive health care from MARI or another health care provider.

SUBSTANCE USE DISORDER RECORDS - Certain substance use disorder ("SUD") patient records are subject to additional federal confidentiality protections under **42 U.S.C. § 290dd-2 and 42 CFR Part 2**. To the extent that MARI maintains records that are subject to Part 2, we will comply with the additional confidentiality requirements applicable to those records. Part 2 records generally may not be used or disclosed for a civil, criminal, administrative, or legislative investigation or proceeding against a patient unless permitted by Part 2, including with the patient's written consent or pursuant to a qualifying court order and subpoena. Part 2 records may also be subject to additional restrictions concerning redisclosure and use. The 2024 Part 2 final rule became subject to compliance requirements on February 16, 2026.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION - In some circumstances, you can agree or object to the use or disclosure of all or part of your protected health information.

Individuals Involved in Your Health Care – Unless you object, we may disclose to a member of your family, a relative, close friend, or another person you identify, protected health information that directly relates to that person's involvement in your health care or payment for your care. We may also use or disclose protected health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care regarding your location, general condition, or death. We may use or disclose protected health information to an authorized public or private entity to assist with disaster-relief efforts.

Marketing – We will obtain your written authorization before using or disclosing your protected health information for marketing purposes when authorization is required by law.

Sale of Protected Health Information – We will obtain your written authorization before selling your protected health information when authorization is required by law.

Psychotherapy Notes – Most uses and disclosures of psychotherapy notes require your written authorization.

Fundraising – We may contact you regarding fundraising activities as permitted by law. You may request that we not contact you for fundraising purposes, and we will honor your request as required by law. If fundraising communications use Part 2 information, we will provide the notice and choice required by applicable federal law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION - You may exercise the following rights by submitting a written request to our Privacy Officer. Our Privacy Officer can guide you in pursuing these options. We may deny a request in certain circumstances; however, where required by law, you may have the right to have a denial reviewed.

Right to Inspect and Copy – You may inspect and/or obtain a paper or electronic copy of your protected health information contained in a designated record set, subject to applicable exceptions. We generally will provide access within the time required by law. We may charge a reasonable, cost-based fee where permitted by law.

Right to Request Restrictions – You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. We are not required to agree to every requested restriction. If you pay out-of-pocket in full for a health care item or service and request that we not disclose information concerning that item or service to your health plan for payment or health care operations, we generally must agree to the restriction unless disclosure is otherwise required by law.

Right to Request Alternative Confidential Communications – You may request that we communicate with you using alternative means or at an alternative location. You do not have to provide a reason for your request. We will accommodate reasonable requests.

Right to Request Amendment – If you believe that the information we have about you is incorrect or incomplete, you may request an amendment for as long as we maintain the information. We may deny the request when permitted by law, but we will provide a written explanation of the denial.

Right to an Accounting of Disclosures – You may request an accounting of certain disclosures of your protected health information made during the six years preceding your request, subject to the exceptions, restrictions, and limitations provided by law.

Right to Obtain a Copy of This Notice – You may obtain a paper copy of this Notice at any time by requesting one. If you have agreed to receive the Notice electronically, you may still request a paper copy.

Right to Choose a Personal Representative – If you have given someone medical power of attorney or if someone is your legal guardian or otherwise has lawful authority to act for you, that person may exercise your rights and make choices regarding your health information, subject to applicable law.

SPECIAL PROTECTIONS - This Notice is provided as a requirement of HIPAA. Other federal and Rhode Island privacy laws may provide additional protection for certain types of health information, including HIV-related information, mental health information, psychotherapy notes, genetic information, information concerning minors, and substance use disorder treatment records. Where a federal or Rhode Island law provides greater privacy protection than HIPAA, we will comply with the applicable law.

COMPLAINTS - If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services' Office for Civil Rights. You will not be retaliated against for filing a complaint.

QUESTIONS OR PRIVACY CONTACT - If you have questions about this Notice or would like additional information concerning your privacy rights, please contact:

Medical Associates of Rhode Island, Inc.
Privacy Officer / Administration
1180 Hope Street
Bristol, RI 02809
Telephone: **401-253-8900**