

MANNING, ROMMEL & THODE ASSOCIATES

HIPAA NOTICE OF PRIVACY PRACTICES

EFFECTIVE: DECEMBER 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.

This notice (“Notice”) is provided to you in accordance with the Health Insurance Portability and Accountability Act of 1996, and its implementing regulations, as amended by the Health Information Technology for Economic and Clinical Health Act, as each may be amended from time to time (collectively, “HIPAA”). It is designed to tell you how we may use or disclose your health information.

FRANCIS J. MANNING MD PC, D/B/A MANNING, ROMMEL & THODE ASSOCIATES (sometimes referred to in this Notice as the “Practice”, “we” or “us”) is required by law to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information (as defined under HIPAA) that we maintain (“PHI”). HIPAA places certain obligations upon us to maintain the confidentiality of your PHI. We take these obligations seriously.

I. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Under certain circumstances, we are permitted by law to use and disclose your PHI without requiring your authorization, as described in this Notice. For example, we do not need to obtain your authorization to use or disclose your PHI to provide you with treatment, to obtain payment for the services we provide to you, or for our health care operations.

1. Treatment, Payment and Health Care Operations.

(a) Treatment. We may use and disclose your PHI to provide, coordinate, and manage your medical treatment and related services. For example, we may use results of laboratory tests (such as urine or blood tests) and other PHI that we create or receive to determine the best treatment for you. We may disclose your PHI to, or receive your PHI from, physicians, physician assistants, nurses, technicians, students, and other health care personnel who are

involved in your care. For example, a physician specialist you see outside of the Practice may need information relating to the treatment you received under the Practice in order to ensure that you receive the proper care. We may also use your PHI to notify you of appointments and to inform you of available treatment options and alternatives.

(b) Payment. We may use and disclose your PHI to bill or collect payment for the treatment and services we provide to you, from you, a government payor, an insurance company, or other third party. For example, we may tell your insurer or governmental payor about a treatment you are going to receive to obtain prior approval or to determine whether your insurance plan or the government program will cover the cost of the treatment and we may disclose your PHI in order to collect payment for services rendered.

(c) Health Care Operations. We may use and disclose your PHI for the Practice’s health care operations. These uses and disclosures include those necessary to run the Practice and make sure that our

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patients receive quality care. For example, we may use PHI to review our treatment and services, and for training and evaluating the performance of our staff and health care professionals, quality assurance purposes, financial or billing audits, legal matters, and business planning and development. We may also combine or aggregate PHI about many of our patients to decide what additional services that we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose PHI to comply with reporting requirements under Federal, State, or local law. We may use your PHI to create de-identified health information or to create a limited data set by removing certain data that identifies you, and thereafter we may use such information in any manner consistent with applicable law. These examples are in addition to the other uses and disclosures of PHI permitted under applicable law in connection with the Practice's health care operations.

2. **Business Associates.** The Practice may engage third party entities and individuals to assist the Practice with its health care operations, provision of treatment, payment activities, and otherwise. The Practice is permitted to disclose your PHI to these third parties (each a "business associate") to the extent necessary for such party to provide the services to the Practice. In such event, the Practice requires the business associate to maintain the confidentiality and security of your PHI. For example, the Practice may engage a billing company to bill and or collect on patient accounts for services provided by the Practice.

3. **To Other Healthcare Providers.** We may disclose your PHI to other health care professionals, with whom you have a professional treatment relationship, where it may be required by them to treat you, to obtain payment for the services they provided to you or to perform their own health care operations.

4. **Disclosures to Relatives, Close Friends, Caregivers.** We may disclose your PHI to family members and relatives, close friends, caregivers, or other individuals you identify or that are involved

with your care or payment related to your care. In situations where you are not present or, due to your incapacity or an emergency, we may exercise our professional judgment when determining whether such disclosure is appropriate and would limit the PHI disclosed. You may, at any time, request that we do not disclose your PHI to any of these individuals. In such event, we may require you to submit such request **in writing**, and we will exercise our professional judgment with respect to complying with such request.

5. **Public Health Activities.** We may disclose your PHI for certain public health activities as required by law, including, without limitation:

(a) To report PHI to public health authorities for the purpose of preventing or controlling disease, injury or disability;

(b) To report certain immunization information where required by law, such as to the State immunization registry or educational institution;

(c) To report births and deaths;

(d) To report child abuse to public health authorities or other government authorities authorized by law to receive such reports;

(e) To report information about products and services under the jurisdiction of the U.S. Food and Drug Administration, such as reactions to medications;

(f) To notify you and other patients of any product or medication recalls that may affect you;

(g) To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and

(h) To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

6. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency, such as Medicaid or Medicare, which oversees health care systems and delivery, to assist with audits or investigations designed for ensuring compliance with such government health care programs. Where the Practice believes your PHI subject to such disclosure request potentially relates to reproductive health care, the Practice will follow applicable requirements to obtain an attestation from the requesting party as described in **Article III** below.

7. **Victims of Abuse, Neglect, Domestic Violence.** Where we have reason to believe that you are or may be a victim of abuse, neglect or domestic violence, we may disclose your PHI to the proper governmental authority (e.g., social or protective service agencies, etc.) that is authorized by law to receive such reports.

8. **Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a court order, subpoena or other lawful process in the course of a judicial or administrative proceeding. Where the Practice believes your PHI subject to such disclosure request potentially relates to reproductive health care, the Practice will follow applicable requirements to obtain an attestation from the requesting party as described in **Article III** below.

9. **Law Enforcement Officials.** We may disclose your PHI to police or other law enforcement officials as may be required or permitted by law or pursuant to a court order, subpoena, or other lawful process, such as to police in order to identify a suspect, fugitive, material witness or missing person. We may also disclose your PHI to law enforcement where it may concern criminal conduct on our premises or, when necessary, in an emergency to report a crime, identify a victim of a crime, or identify or locate the person who may have committed a crime. Where the Practice believes your PHI subject to such disclosure request potentially relates to reproductive health care, the Practice will follow applicable requirements to obtain an attestation from the requesting party as described in **Article III** below.

10. **Decedents.** We may disclose your PHI to medical coroners for purposes of identifying or determining cause of death or to funeral directors in order for them to carry out their duties as permitted or required by law. Where the Practice believes your PHI subject to such disclosure request potentially relates to reproductive health care, the Practice will follow applicable requirements to obtain an attestation from the requesting party as described in **Article III** below.

11. **Workers' Compensation.** We may use or disclose your PHI to the extent necessary to comply with State law for workers' compensation or other similar programs, for example, regarding a work-related injury you suffer or the status of your condition, as applicable.

12. **Research.** We may use or disclose your PHI for research purposes. In situations where we seek to disclose your PHI to a third party for research purposes, we generally will ask for your written authorization to do so.

13. **Fundraising Communications.** We may use or disclose your PHI for fundraising purposes. You may opt out of receiving fundraising materials or communications. If you do not want to receive these materials or communications, please contact the Practice's Privacy Officer to opt out.

14. **Health or Safety.** We may use or disclose your PHI where necessary to prevent or lessen threat of imminent, serious physical violence against you or another identifiable individual, or a threat to the general public.

15. **Military and Veterans.** For members of the armed forces and veterans, we may disclose your PHI as may be required by military command authorities. If you are a foreign military personnel member, your PHI may also be released to appropriate foreign military authority.

16. **Specialized Government Functions.** We may disclose your PHI to governmental units with special functions under certain circumstances. For

example, your PHI may be disclosed to any of the U.S. Armed Forces or the U.S. Department of State as required by law.

17. **National Security and Intelligence Activities.** We may disclose your PHI to authorized Federal officials for purpose of intelligence, counterintelligence and other national security activities that may be authorized by law.

18. **Protective Services for the President and Others.** We may disclose your PHI to authorized Federal officials for purposes of providing protection to the President of the United States, other authorized persons or foreign heads of state or for purposes of conducting special investigations.

19. **Inmates.** If you are an inmate in a correctional institution or otherwise in the custody of law enforcement, we may disclose your PHI to the correctional institution or law enforcement official(s) as permitted or required by law, including where necessary: (a) for the institution to provide health care; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.

20. **Organ and Tissue Procurement.** If you are an organ donor, we may disclose your PHI to organizations that facilitate or procure organs, tissue or eye donations or transplantation.

21. **Disaster Relief.** In the event of a disaster, we may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of notifying or locating your family or personal representative or another person responsible for your care regarding your location, general condition, or death.

22. **As Required by Law.** We may use or disclose your PHI in any other circumstances other than those listed above where we would be required by Federal, State or local law or regulation to do so.

23. **HIE Participation.** We may use or disclose your PHI in connection with an electronic Health

Information Exchange (“HIE”) in which the Practice participates for treatment, payment and health care operations purposes and other lawful purposes to the extent permitted by law. Other healthcare providers (practices, professionals, etc.), health care entities (hospitals, surgery centers, accountable care organizations, etc.), health plans, etc., may also have access to your information in the HIE for similar purposes to the extent permitted by law. The information accessible on the HIE may identify you personally and may include sensitive information (such as information relating to mental health, drug and alcohol treatment, reproductive health care, HIV status and sexually transmitted diseases). **You have the right to “opt-out” or decline to participate in all HIEs in which the Practice participates.** To “opt-out” or decline to participate in HIEs, please notify the Practice’s Privacy Officer **in writing** at the Practice’s mailing address provided in **Article X** of this Notice.

II. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION.

In general, we will need your **written authorization** on our HIPAA Authorization Form to use or disclose your PHI for any purpose other than those listed above in **Article I**. We will seek your written authorization to use and disclose the following information unless the use or disclosure without your written authorization is otherwise permitted or required by law:

1. **Information Related to Emancipated Treatment of a Minor.** If you are a minor who sought emancipated treatment from us, such as treatment related to your pregnancy or treatment related to your child, or a sexually transmitted disease, we must obtain your written authorization prior to disclosing any of your PHI related to such treatment to another person, including, without limitation, your parent(s) or guardian(s), unless such disclosure is otherwise permitted or required by applicable law.

2. **Marketing Activities.** Except as otherwise permitted by law, we will obtain your written authorization prior to using your PHI for Marketing purposes. Without requiring your prior authorization, we may provide you with marketing materials *in person* and we may discuss with you services or products that relate to your treatment, case management, or care coordination, alternative treatments, therapies, providers or care settings. If you provide us with authorization to use your PHI for Marketing purposes, you may revoke such authorization by notifying the Practice's Privacy Officer **in writing** at the mailing address for the Practice provided in **Article X** of this Notice.

3. **Psychotherapy Notes.** If we maintain Psychotherapy Notes in your designated health record, we will obtain your written authorization prior to disclosing them where required by law.

4. **Activities Where We Receive Money for Giving Your PHI to a Third-Party.** For certain activities in which we would receive remuneration, directly or indirectly, from a third-party in exchange for your PHI (i.e., the sale of your PHI for use by a third party), we must obtain your written authorization prior to doing so. If you do provide us with your authorization, you have a right to revoke your authorization at any time. If you wish to revoke your authorization, please contact the Practice's Privacy Officer **in writing** at the mailing address for the Practice provided in **Article X** of this Notice.

5. **Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information.** Certain State and Federal laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. If your service involves this information, you may contact our office for more information about these protections. Generally, we will seek your authorization prior to disclosing such information unless otherwise permitted by applicable State and Federal law.

III. ADDITIONAL PROTECTIONS FOR REPRODUCTIVE HEALTH CARE.

1. **Reproductive Health Information.** Federal law prohibits us from using or disclosing your PHI when it is being sought for purposes of investigating or imposing liability on you, health care providers, or others, *who seek, obtain, provide or facilitate lawful reproductive health care, or to identify persons for such activities.* This prohibition applies where we have reasonably determined that:

(a) The reproductive health care is lawful under the law of the State in which it was provided under the circumstances in which it was provided, for example, if a resident of one State traveled to another State to receive reproductive health care, such as an abortion, that is lawful in the State where such health care is provided; or

(b) The reproductive health care is protected, required, or authorized by Federal law, including the U.S. Constitution, regardless of the State in which such health care is provided, for example, if the use of the reproductive health care, such as contraception, is protected by the Constitution; or

(c) The reproductive health care was not provided by us, but we presume it was lawful.

2. **Third-Party Requests; Attestation.** When we receive a request from a third party for your PHI potentially related to reproductive health care, we will obtain a signed attestation from the requestor that the use or disclosure is not for a prohibited purpose when the request relates to health oversight activities, judicial and administrative proceedings, law enforcement purposes, and disclosures to coroners and medical examiners. For example, if we receive a lawful subpoena for medical records that include PHI related to reproductive health care, we will obtain a signed attestation from the requestor that States the request is not for a prohibited purpose.

3. **Authorizations & Reproductive Health Care Information.** If you provide us with an authorization for the use or disclosure of your PHI to a third party, that authorization allows us to disclose your PHI potentially relating to reproductive health care even if that authorization does not specifically reference such information. **If you *do not* want information disclosed pursuant to an authorization to include PHI potentially relating to reproductive health care, you must *expressly* state that restriction on the authorization or otherwise notify the Practice's Privacy Officer *in writing* prior to the Practice's acting on such authorization.** The Practice will endeavor to comply with such request; however, such request may prevent the Practice from fulfilling the underlying disclosure request of the authorization.

IV. YOUR RIGHTS.

This Article describes certain of your rights relative to your PHI maintained by the Practice. **All** requests by you regarding any of your rights described below must be **in writing** issued to the Practice's Privacy Officer and delivered to the Practice at its mailing address provided in **Article X** below.

1. **Right to Request Additional Restrictions.** Under certain circumstances, you have the right to *request* restrictions on the uses and disclosures of your PHI, such as:

- (a) For treatment, payment and health care operations;
- (b) To individuals involved in your care or payment related to your care; or
- (c) To notify or assist individuals' locating you or obtaining information about your condition.

Although we will carefully consider all requests for additional restrictions on how we will use or disclose your PHI, we may not (and are not required to) agree to your requested restrictions, with one exception. Upon your request, we will not disclose

your PHI to your medical insurer or third-party payer provided that (i) the disclosure is for the purpose of obtaining payment or for the Practice's health care operations and the disclosure is not otherwise required by law, **and** (ii) the PHI pertains solely to a health care item or service for which you or your representative have paid us for *in-full* and *out-of-pocket*. To be considered by the Practice, all requests for such restrictions on use and disclosure must be **in writing** and must be submitted to the Practice's Privacy Officer.

2. **Right to Confidential Communications.** You have the right to request that we communicate with you about medical matters by a certain method, in a certain manner, or at a certain location. We will endeavor to accommodate all reasonable requests.

3. **Right to Access/Copy PHI.** You have the right to access and request copies of your PHI that we maintain in a designated record set, subject to some exceptions. We may deny you access to, or copies of, your PHI or health records in certain circumstances, and in such event, we will notify you of the denial. Certain of your health records may be available to you on the Practice's patient portal. You may request a copy of such PHI in any reasonable electronic format that is readily producible by us. Consistent with applicable law, we may charge you a reasonable fee for providing copies of your PHI to you.

4. **Right to Notice of Breach.** We will notify you in the event a breach (as defined under HIPAA) occurs involving your unsecured PHI and provide details regarding such event in accordance with applicable law.

5. **Right to Paper Copy of Notice of Privacy Practices.** You may, at any time, request a paper copy of this Notice from the Practice's Privacy Officer, even if you previously agreed to receive this Notice by email or other electronic format.

6. **Right to Revoke Authorization.** After you provide the Practice with your authorization to use and disclose your PHI, the Practice is permitted to

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rely on such authorization unless or until you notify the Practice **in writing** of your revocation of that authorization, or such authorization expires in accordance with its terms. You may, at any time, revoke such authorization by notifying the Practice's Privacy Officer **in writing** explaining that intent. Such revocation will be effective *only prospectively*, following the date we receive it. A revocation will not affect the Practice's authority to use and disclose your PHI as permitted under applicable law.

7. **Right to Request Amendment.** You may request that we amend (i.e., change) your PHI that we maintain in a designated record set by making such request to the Practice's Privacy Officer **in writing**. We may ask your provider(s) to review amendment requests to the medical record. We may deny your request if we believe the information you wish to amend is accurate and complete without your requested amendment, or amendment relates to PHI that was not created by a health care provider of the Practice, or if other special circumstances apply. We will notify you of any denial. If we accept your request for amendment, we will update your medical record set as appropriate.

8. **Right to an Accounting.** You may request an accounting of disclosures of your PHI that we have made within the period of six (6) years from the date we receive your written request. Please note that this accounting will not be your entire medical record and will not include certain disclosures of your PHI, such as disclosures of PHI for treatment, payment or health care operations, or disclosures of PHI that you had authorized. The first accounting of disclosures of your PHI that you request within a period of twelve (12) months is free. There will be a reasonable charge for additional requests. All requests for an accounting of disclosures must be **in writing** and delivered to the Practice's Privacy Officer at the Practice's mailing address specified in **Article X** below.

V. OUR DUTIES.

We are required by law to maintain the privacy of your PHI and to provide you with a copy of this

Notice. We are also required to abide by the terms of this Notice.

HIPAA generally does not "pre-empt" (or take precedence over) applicable State laws that provide greater privacy protections to individuals than those provided under HIPAA. Therefore, to the extent State law applies that is more stringent than HIPAA, we may be required to operate under that applicable State privacy standard.

VI. CHANGES TO THIS NOTICE.

We reserve the right to amend or replace this Notice at any time without prior notice. In such event, the updated version of this Notice will apply and control with respect to all of your PHI we maintain, unless otherwise specified. Such updates will be only to the extent permitted by law. We will make the updated Notice available to you by posting it at the Practice's practice location, as well as on the Practice's website as identified in **Article IX** of this Notice. You may request a paper copy of the updated Notice by submitting a written request to the Practice's Privacy Officer at the Practice's mailing address specified in **Article X** below.

VII. COMPLAINTS TO THE GOVERNMENT.

If you believe your privacy rights have been violated, you may submit a complaint to the Practice by notifying the Practice's Privacy Officer in writing using the contact information in **Article X** below. You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services.

We will not retaliate against you for any complaint you make to the Practice or to the government about our privacy practices.

VIII. GENERAL.

This Notice does not, and is not intended to, create any contractual or other rights between you or any third party and the Practice, independent of those rights established by applicable law.

IX. ELECTRONIC NOTICE.

The current version of this Notice of Privacy Practices is also available on our website at <http://www.mrteyes.com/>.

X. CONTACT INFORMATION.

Contact information for the Practice's Privacy Officer:	Contact information for the U.S. Department of Health and Human Services:
<p>MANNING, ROMMEL & THODE ASSOCIATES 2115 Noll Drive Lancaster, PA 17603 Attn: Privacy Officer</p> <p>Phone: (717) 393-7980 Fax: (717) 509-5079 Email: Phelm@mrteyes.com</p>	<p>U.S. Department of Health and Human Services for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 Phone: (877) 696-6775 Email: OCRMail@hhs.gov</p> <p>You may also file a complaint at the following website: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</p>