EXCEL PSYCHIATRIC CONSULTATION, P.C.

Notice of Privacy Practices

Your information. Your rights. Our responsibilities.

Effective date: November 2, 2026

Excel Psychiatric Consultation, P.C. • 13243 Executive Park Terrace, Germantown, MD 20874 • Phone: 301-820-1715

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS IT. PLEASE REVIEW IT CAREFULLY.

This Notice applies to protected health information maintained by Excel Psychiatric Consultation, P.C., including information in our electronic health record and patient portal. For questions or a copy of this Notice, contact our Privacy Officer through the main office number above.

Your rights

- Access: Ask to inspect or receive an electronic or paper copy of your medical records and certain other health information, subject to legal exceptions. We generally respond within 30 days and may charge a permitted cost-based fee.
- Correction: Request an amendment of information you believe is inaccurate or incomplete. We will explain in writing if we deny your request.
- Confidential communications: Request that we contact you in a particular way or at a particular address; we will accommodate reasonable requests.
- Restrictions: Request limits on certain uses or disclosures. We generally need not agree, but must honor a qualifying request not to share with a health plan for payment or healthcare operations when you have paid in full out-of-pocket for the specific service, unless disclosure is required by law.
- Accounting: Request an accounting of certain disclosures during the prior six years, subject to exceptions. The first accounting in a 12-month period is free.
- Notice: Request a paper copy of this Notice, even if you receive it electronically.
- Representative: A legally authorized personal representative may exercise your privacy rights, subject to applicable law.
- Complaint: Complain to the Practice or U.S. Department of Health and Human Services (HHS) without retaliation.

Your choices and authorizations

You can tell us your preferences about sharing information with relatives, friends, or others involved in your care or payment, and for disaster relief. If you cannot express a preference, we may share appropriate information in your best interest or to prevent or lessen a serious threat as permitted by law.

We generally need your written authorization for uses and disclosures of protected health information for marketing, sale of information, and most disclosures of psychotherapy notes. You may revoke an authorization in writing, except to the extent already acted upon. We do not sell protected health information.

How we may use and disclose information

- Treatment: To evaluate, prescribe, coordinate, or refer for care, including communication with other treating professionals, laboratories, and pharmacies.
- Payment: To submit claims, verify coverage, and obtain payment.
- Healthcare operations: To manage clinical operations, quality, compliance, auditing, and administration, including disclosures to business associates under required agreements.
- Appointment reminders and communication: To contact you about appointments, follow-up care, and services, using the contact details you provide and subject to applicable law and your communication preferences.

- Public health, safety, and legally authorized activities: As permitted or required for public health reporting, health oversight, abuse/neglect reporting, serious safety threats, workers' compensation, law enforcement, judicial proceedings, government functions, and disclosures to coroners or medical examiners.
- Other legally authorized purposes: Such as research subject to required conditions, organ/tissue donation requests, and complying with federal or state law.

Additional protections for behavioral-health and substance-use records

Certain records receive additional confidentiality protections under Maryland law, HIPAA, and other applicable laws. Psychotherapy notes maintained separately from the medical record generally require special authorization before disclosure, subject to legal exceptions.

For records subject to 42 CFR Part 2 (federally protected substance use disorder records), additional restrictions apply. When Part 2 records are used or disclosed pursuant to a valid consent for treatment, payment, or healthcare operations, redisclosure may be permitted under HIPAA as applicable. Part 2 records may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific consent or an appropriate court order accompanied by any required subpoena or other legal mandate. If Part 2 information would be used for fundraising, we will provide any advance notice and opt-out choice required by law. The Practice will honor more protective laws where applicable.

Our responsibilities

- Maintain the privacy and security of your protected health information.
- Provide this Notice and follow its currently effective terms.
- Notify affected individuals after a breach of unsecured protected health information as required by law.
- Use or disclose information only as allowed by law or by a valid authorization when required.
- Make revised notices available at the Practice and prominently on our website.

Changes to this notice

We may change this Notice. Changes may apply to all protected health information we maintain. The effective version will be available upon request, at our office, and on our website.

Questions and complaints

Contact: Privacy Officer, Excel Psychiatric Consultation, P.C., 13243 Executive Park Terrace, Germantown, MD 20874; 301-820-1715.

You may also complain to HHS Office for Civil Rights: https://www.hhs.gov/hipaa/filing-a-complaint/index.html; 200 Independence Avenue, SW, Washington, DC 20201; 1-877-696-6775. We will not retaliate for making a complaint.