

# Family Healthcare of Elkton

## NOTICE OF PRIVACY PRACTICES

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 describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that is related to your past, present or future physical or mental health and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with the revised Notice by mail or present to you in person at the time of your next appointment.

### Uses and Disclosures of Protected Health Information

#### Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

When registering with our office, you will be asked to sign a consent form. By signing the consent, you have consented to the use and disclosure of your protected health information for treatment, payment and health care operations. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your medical care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

We may need to share your protected health information with third party business associates that perform various activities (billing, scanning and collection services, etc) for the practice. We may also utilize and train medical students from various and local medical training programs or schools. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

#### Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization:

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

#### Other Permitted and Required uses and Disclosures That May be Made With Your Consent, Authorization or Opportunity to Object:

We may use and disclose your protected health information in certain instances. You have the opportunity to agree or object to the use or disclosure of all or part of your information. If you are not present or able to agree or object to the use or disclosure, then your physician may, using his own professional judgment, use or disclose your protected information when there are:

Others involved in your healthcare: unless objections are noted, we may disclose to a member of your family, a relative or close friend, your information that is directly related to that person's involvement to your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If the physician is required by law to treat you and the attempt to obtain your consent was made but not successful, he or she may still use or disclose your information to coordinate your treatment.

Communication Barriers: We may use and disclose your information if your physician or another physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers, and the physician determines, using professional judgment, that you intend to consent to use and disclosure under the circumstances.

**Other Permitted and Required Uses and Disclosures that May Be Made Without Your Consent, Authorization, or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization; by law. These include:

1. **When Required by Law**: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified of any such uses or disclosures.
2. **Public Health Activities**: We may disclose your health information for public health purposes requested by the Public Health Authority for the purpose of controlling disease, injury or disability.
3. **Communicable Disease**: We may disclose protected health information, if authorized by law to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
4. **Health Over-site**: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
5. **Abuse or Neglect**: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
6. **Food and Drug Administration**: We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
7. **Legal Proceedings**: We may disclose protected health information in the course of judicial or administrative proceeding, in response to an order of a court or administrative tribunal in certain conditions in response to a subpoena, discovery request or other lawful process.
8. **Law Enforcement**: We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include legal processes required by law; limited information requests for identification and location purposes pertaining to victims of crime; suspicion that death has occurred as a result of criminal conduct; in the event that a crime occurs on the premises of the practice, and medical emergencies where it is likely that a crime occurred. Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the 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. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
9. **Coroners, Funeral Directors and Organ Donation**: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.
10. **Research**: we may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
11. **Military Activity and National Security**: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary for appropriate military command authorities; for the purposes of determination by the Department of Veterans Affairs of your eligible benefits, or to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
12. **Workers Compensation**: your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs

Also be known:

"We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this 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 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). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers."

## Your Rights

The actual medical record remains property of the practice. You however have the right to inspect and receive a copy of your protected health information for as long as we maintain the protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable.

You have a right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to a family member or friend who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. **Your request must be in writing** and state the specific restriction requested and to whom you want the restriction to apply.

The physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your information will not be restricted. If the restriction is agreeable with the physician, the information may not be disclosed in violation of that restriction unless it is needed to provide emergency treatment.

You may have the right to have your physician amend your protected health information for as long as that information is maintained. In certain cases, we may deny this request and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically or previously.

### **For more information or to report a problem:**

If you have questions about this notice or would like additional information, you may contact the practice at the information listed below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer/ Office Manager, Susan Cahill, or with the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you by doing so.

Family Healthcare of Elkton  
111 W. High Street, Suite 214, Elkton, MD 21921  
410-996-9490 (phone)  
410-996-9493 (fax)

U.S. Department of Health and Human Services, Office of the Secretary  
200 Independence Avenue, S.W.  
Washington, DC 20201  
202-619-0257 (phone)  
<http://www.hhs.gov/contacts>

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