

West Cecil Health Center and Qualified Subsidiaries

Administrative: Notice of Privacy Practices and Protected Health Information

Approved: 11/4/16

Reviewed:

Revised: 1/5/17

Policy: All patients will receive and sign a copy of the notification of privacy practices and protected health information on initial presentation to the Health Center, annually, or with any changes to the notice. This notification is posted in the waiting room and available to patients via the electronic health record portal and West Cecil Health Center website. A copy can be provided to a patient immediately upon request.

Purpose: This notice describes how protected health information about patients may be used and disclosed and how patient's can get access to this information.

Notice of Privacy Practices and Protected Health Information

West Cecil Health Center and Qualified Subsidiaries and Business Associates

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Safeguarding Your Protected Health Information

West Cecil Health Center (WCHC) is required by law to protect your health information. In order to provide treatment or to pay for your healthcare, WCHC will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, is legally regulated as health information may be used for a variety of purposes. WCHC and its Business Associates are required to follow the privacy practices described in this Notice. WCHC reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from WCHC in our office or electronically.

How WCHC May Use and Disclose Your Protected Health Information

WCHC employees will only use your health information when doing their jobs. For uses beyond what WCHC normally does, WCHC must have your prior written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Options:

For treatment: WCHC may use or share your health information to approve, deny treatment and to determine if your medical treatment is appropriate. For example, WCHC health care providers may need to review your treatment plan with your healthcare provider for medical necessity or for coordination of care.

To obtain payment: WCHC may use and share your health information in order

to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you. Exception: You may request to restrict health information use/disclosure if not required by law or if the health information pertains to an item of service paid in full by you out-of-pocket.

For health care operations: WCHC may use and share your health information to evaluate the quality of services provided, or to our state or federal auditors.

Information purposes: Unless you provide us with alternative instructions, WCHC may send appointment reminders and other materials about the program to your home.

Required by law: WCHC may disclose health information when a law requires us to do so.

Public health activities: WCHC may disclose health information usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions before we can share your information for these purposes. For example DHMH is required to collect or report information about disease or injury, or to report vital statistics to other divisions in the department and other public health authorities. For more info see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Health oversight activities: DHMH may disclose your health information to other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure. Coroners, Medical Examiners, Funeral Directors and Organ Donations: WCHC may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.

Research purposes: In certain circumstances, and under supervision of our Institutional Review Board or other designated privacy board, WCHC may disclose health information to assist medical research.

Product Recalls: WCHC may disclose your health information for product recalls.

Adverse Drug Reactions: WCHC may disclose your health information for reporting adverse reactions to medications.

Avert threat to health or safety: In order to avoid a serious threat to health or safety, WCHC may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and Neglect: WCHC will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. WCHC may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Specific government functions: WCHC may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Family, friends or others involved in your care: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. WCHC will make sure the person has this authority and can act for you before we take any action.

The following situations are examples of disclosures for which WCHC must obtain your prior written authorization:

1. Disclosure of psychotherapy notes
2. Disclosure of health information for marketing purposes
3. Disclosure that constitutes sale of health information.

Worker's Compensation: WCHC may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

Patient Directories: The health plan under which you are enrolled does not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.

Lawsuits, Disputes and Claims: If you are involved in a lawsuit, a dispute, or a claim, WCHC may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

Law Enforcement: WCHC may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

Fundraising: WCHC may contact you for fundraising efforts but you can tell us not to contact you again.

You Have a Right to:

Request Restrictions: You have the right to ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and we may say "no" if it would affect your care.

Request Confidential Communications: You have the right to ask that WCHC send you information at an alternative address or by alternative means. WCHC must agree to your request as long as it is reasonably easy for us to do so.

Inspect and Copy: You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a reasonable fee for copying, depending on your circumstances. You have a right to choose what portion of your information you want copied and to have prior information on the cost of copying. We will provide copies within 30 days of request.

Request amendment: You may request in writing that WCHC correct or add to your health record. WCHC may deny the request if WCHC determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If WCHC approves the request for amendment, WCHC will change the health information and inform you, and will tell others that need to know about the change in the health information. If we deny the request we will tell you in writing within 60 days.

Accounting of Disclosures: You have a right to request a list of the disclosures made of your health information for up to 6 prior years from the date you ask. Exceptions include health information that has been used for treatment, payment, and operations. WCHC also does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officials or correctional facilities. There will be no charge for up to one such list each year. Additional requests within 1 year will

Notice: You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

Breaches in Health Information Disclosure: You have the right to be informed by WCHC of any breach or improper disclosure of your health information affecting your privacy. WCHC is required to communicate news of breaches to you.

For More Information: This document is available in other languages and alternate formats that meet the guidelines for the American with Disabilities Act. If you have questions and would like more information, you may contact: 410-378-9696

To Report a Problem about our Privacy Practices: If you believe your privacy rights have been violated, you may file a complaint.

- By mail at:
West Cecil Health Center
Attn: Privacy Officer Holly Chattin
49 Rock Springs Rd
P.O. Box 99
Conowingo, MD 21918
- By fax at: 410-378-0787
By e-mail at: hchattin@westcecilhealth.org

You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights at:

- 200 Independence Ave., S.W., Washington D.C. 20201
- www.hhs.gov/ocr/privacy/hipaa/complaints/
- 1-877-696-6775

WCHC will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective on September 23, 2013

(Provider programs must ensure that they try to get this acknowledgement

signed)

Acknowledgement of receipt of this notice:

Patient or Authorized Representative

Date

If unable to get acknowledgement, specify why: _____

Signature of WCHC Representative

Date