



## Notice of Privacy Information Practices

Effective date: April 1, 2014  
Revision date(s): September 20, 2017

*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.*

The Practice (the "Practice"), in accordance with the federal Privacy Rule, 45 CFR parts 160 and 164 (the "Privacy Rule") and applicable state law, is committed to maintaining the privacy of your protected Health Information ("PHI"). PHI includes your personal information as well as that of your health condition, the care and treatment you receive from the Practice. It is often referred to as your health or medical record. This Notice explains how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

### **A. General description and purpose of this Notice**

This Notice describes our information privacy practices that cover our Practice and the following people:

1. Any health care professional or other health care provider authorized to enter information into your medical record created and/or maintained by our Practice.
2. All Practice employees, staff, and other personnel.

All of the individuals or entities identified above will follow the terms of this Notice. These individuals or entities may share your PHI with each other for purposes of treatment, payment, or health care operations, as further described in this Notice.

### **B. Our Practice's policy regarding your PHI**

We are committed to preserving the privacy and confidentiality of your PHI created and/or maintained by our Practice. Certain federal, state and local laws and regulations require us to implement policies and procedures to safeguard the privacy of your PHI.

This Notice will provide you with information regarding our privacy Practices and it applies to all of your PHI created and/or maintained by our Practice, including any information that we receive from other health care providers or facilities. This Notice describes the ways in which we may use or disclose your PHI as well as your rights and our obligations regarding any such uses or disclosures. We will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law.

We reserve the right to change this Notice and to make the revised or changed Notice effective for the PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our Practice in the reception area. The first page of this Notice contains the effective date and any dates of revision.

### **C. Uses or disclosures of your PHI**

We may use or disclose your PHI in one of the following ways:

1. Pursuant to your written consent (for purposes of treatment, payment or health care operations).
2. Pursuant to your written authorization (for purposes other than treatment, payment or health care operations).
3. Pursuant to your verbal agreement (to discuss your health condition with Responsible Party, Guardian or Health Care Agent(s) who are involved in your care);
4. As permitted by law.
5. As required by law.

The following describes each of the different ways that we may use or disclose your PHI. Where appropriate, we have included examples of the different types of uses or disclosures. These examples are not intended to identify every type of use or disclosure.

1. Uses or disclosures made pursuant to your written consent. We may use or disclose your PHI for purposes of treatment, payment, or health care operations upon obtaining your written consent. We may condition our delivery of services to you upon receiving your consent. We may disclose your PHI to physicians, nurse practitioners, psychologists, neuropsychologists, nurses, nursing assistants, medication aides, technicians, students (medical, nursing, nursing assistant, medication aide), rehabilitation therapy specialists, social workers, technicians, laboratory personnel, funeral homes, Office of Health Care Quality, the Ombudsman, Licensing Boards and other personnel who are involved in your health care or in connection with referrals among health care providers.
  - a. **Treatment.** We may use your PHI to provide you with health care treatment and services by one or more of our providers including the coordination or management of health care by a health care provider with a third party, consultation between health care providers relating to a patient; or the referral of a patient for health care from one provider to another.
    - i. **Appointment Reminders.** We may use or disclose your PHI for purposes of contacting you to remind you of an upcoming appointment. For appointment reminders, this Practice may utilize a postcard mailed to you at the

address provided by you, by telephoning your home and leaving a message on your answering machine or with the individual answering the phone, and/or by texting you appointment information.

- ii. **Treatment alternatives, Health-related benefits and services.** We may use or disclose your PHI for purposes of informing you of treatment alternatives or health related benefits and services that may be of interest to you.
- iii. **Psychotherapy Notes.** Prior to the release of psychotherapy notes, a released signed by you will be required. This is in compliance with both HIPAA and the state laws regarding patient confidentiality for mental health records.

b. **Payment.** We may use or disclose your PHI directly from the Practice or through a billing service so that we may bill and collect payment from you, your insurance company, or another third party for the health care services you receive from our Practice. Additionally, the Practice may use your PHI in other collection efforts with respect to all persons who may be liable to the Practice for bills related to your care.

c. **Health Care Operations.** We may use or disclose your PHI to perform certain functions within our Practice. These are necessary to operate our Practice and to make sure that our patients receive quality care. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also conduct quality assessments including outcomes evaluations and in the development of clinical guidelines. We may review PHI about a number of our patients collectively to determine whether certain services are effective or whether additional services should be provided and so that others may use the information to study health care and health care delivery without learning the specific identities of our patients.

2. **Uses or disclosures made pursuant to your written authorization.**

We may use or disclose your PHI pursuant to your written authorization for purposes other than treatment, payment or health care operations and for purposes which are not otherwise permitted or required by law. You have the right to revoke a written authorization at any time as long as your revocation is provided to the Practice in writing. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes identified in the authorization. The exceptions to your request for revocation of authorization include: an action taken by our Practice in reliance to your authorization or if the authorization was obtained as a condition to obtaining insurance coverage, or other law provides the insurer with the right to contest a claim under the policy. You understand that we are unable to retrieve any disclosures which we may have made pursuant to your authorization prior to its revocation. Two examples of uses or disclosures that may require your written authorization include:

- a. A request to provide certain PHI to a research project.
- b. A request to provide your PHI to an attorney for use in a civil litigation claim.

3. **Uses or disclosures made pursuant to your oral agreement.**

We may use or disclose your PHI, pursuant to your oral agreement, to persons involved in your care. These persons include individuals, such as Responsible Party, Guardian or Health Care Agent, who are involved in your care or in payment for your care. This disclosure will be limited to information that is relevant to matters in which that person is involved. We may also disclose your PHI to a person or organization assisting in disaster relief efforts for the purpose of notifying your family and/or other persons responsible for your care about your condition, status and location. We will not make the above disclosures to a Responsible Party or Health Care Agent if you inform the Practice in writing that you object.

4. **Uses or disclosures required/permitted by law.**

Certain federal, state and local laws and regulations require or permit us to make certain uses or disclosures of your PHI without your permission. These are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. These laws and regulations include the following:

- a. **Public health activities.** Public health authorities may receive and/or collect PHI for the purpose of preventing or controlling disease, injury or disability. These include, but are not limited:
  - i. To report deaths
  - ii. To report suspected/actual abuse, neglect, self neglect (by a vulnerable adult), domestic violence involving a child and/or an adult
  - iii. To report adverse reactions to medications or problems with health care products
  - iv. To notify individuals of product recalls
- b. **Health oversight activities.** We may use or disclose your PHI to a health oversight agency that is authorized by law to conduct such activities. These may include audits, investigations, inspections, licensure and certification surveys, or civil or criminal legal proceedings. These activities are necessary for the government to monitor the persons and/or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws.
- c. **Judicial or administrative proceedings.** If the patient is involved in a court proceeding and a request is made for information about the patient's diagnosis and treatment or the records thereof, such information is privileged under state law and the provider shall not release the information without the patient's written authorization or a court order. The privilege does not apply when the patient is being evaluated or a third party or where the evaluation is court ordered. The patient will be informed in advance if this is the case. We may use or disclose your PHI to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes, pursuant to a court order, subpoena, discovery request, or other lawful process issued by a judge or other person involved in the dispute. We will only release such information if we are satisfied that efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your PHI.
- d. **Serious Threat to Health or Safety.** If the provider knows of a patient's propensity for violence and the patient indicates to the provider by speech, conduct, or writing, of the patient's intention to inflict imminent physical injury upon a

specified victim(s), the provider may incur a duty to protect the victim(s). The provider will fulfill that duty by taking one or more of the following actions.

- i. Seeking civil commitment of the patient;
- ii. Formulating a diagnostic impression and establishing and undertaking a documented treatment plan calculated to eliminate the possibility that the patient will carry out the threat; or
- iii. Informing the appropriate law enforcement agency and, if feasible, the specified victim(s) of: the nature of the threat, the identity of the patient making the threat and the identity of the specified victim(s).

If a provider believes that there is an imminent risk that a patient will inflict serious physical harm or death on himself/herself, the provider may disclose information necessary to protect the patient, including to initiate hospitalization and/or to notify family members or others who can protect the patient. A provider can also disclose information if (s)he makes a professional determination that an immediate disclosure is necessary, to provide for the emergency health care needs of a patient.

- e. **Disclosures to an Employer.** Under *limited* circumstances, we may disclose an individual's PHI to his or her employer in connection with a workplace-related medical surveillance or a work-related illness or injury. Such a disclosure is governed by specific federal regulations which require that we give Notice to the patient of such a disclosure.
- f. **Workers' Compensation.** As permitted by federal regulations and Maryland law, we may disclose an individual's protected PHI as necessary to comply with workers' compensation laws.
- g. **Law Enforcement Official.** We may use or disclose your PHI in response to a request received from a law enforcement official for the following purposes:
  - i. In response to a court order, subpoena, warrant, summons or similar lawful process
  - ii. To identify or locate a suspect, fugitive, material witness, or missing person
  - iii. Regarding a person who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
  - iv. To report a death that we believe may be the result of criminal conduct
  - v. To report alleged criminal conduct by a CGS employee involving you
  - vi. In emergency situations, to report a crime—the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime.
- h. **Coroners, medical examiners, or funeral directors.** We may use or disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may use or disclose your PHI to a funeral director for the purpose of carrying out his/her necessary activities.
- i. **Research.** We may use or disclose your PHI for research purposes under certain *limited* circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your PHI for research purposes until the approval process is complete. Any use or disclosure of your PHI done for the purpose of identifying qualified participants will be conducted onsite at our Practice. We will ask for your specific permission to use or disclose your PHI if the researcher will have access to any identifying information.
- j. **Military and veterans.** If you are or were a member of the armed forces, we may use or disclose your PHI as required by military command authorities.
- k. **National security and intelligence activities.** We may use or disclose your PHI to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

#### D. Your rights regarding your PHI.

You have the following rights regarding your PHI which we create and/or maintain:

1. **Right to inspect and copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes. This Practice will not permit a patient or personal representative to inspect or obtain a copy of his/her PHI if, in the professional judgment of the provider, the access to the PHI would likely endanger the life or physical safety of the patient or another person. Under Maryland law, there is no review process if a request to inspect and copy the PHI is denied by this Practice. The patient, may however, provide the Practice with a written request to have a summary of the undisclosed portion of the health record made available to the patient and have a copy of that summary entered into the medical record. The patient may also request (in writing) that another health care provider who is treating the patient for the same condition as the provider denying the request be permitted to examine and copy the health record.

To inspect and copy your PHI, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, you will be charged a fee for copying, mailing, and all other supplies associated with your request.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to any part of your PHI, you may request that the denial be reviewed by our Practice. We will comply with the outcome of this review.

If access is denied on a reviewable ground for denial, the patient has the right to designate a licensed health care professional to act as a reviewing official. The provider must provide or deny access in accordance with the determination of the reviewing official. The Practice will promptly refer a request for review to the designated reviewing official (DRO). The DRO must determine, within a reasonable period of time, whether to deny the access requested based on the standards listed above or to release the information. If the DRO decides that some or all of the information should be released, (s)he can request that it be released to the patient or personal representative by the Practice. In either case, the Practice must provide written Notice to the patient of the result of the review and/or release the appropriate information.

2. **Right to request an amendment.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our Practice. To request an amendment, the patient's request must be made in writing and submitted to the Privacy Officer. In addition, you must provide the Practice with a reason that supports your request. If the request for an amendment is granted, the Practice will:
  - a. make the appropriate amendment(s) to the PHI and provide an appropriate link to the amendment(s).
  - b. notify the patient in a timely fashion that the amendment has been accepted. The patient must then notify this Practice with whom the amendment(s) should be shared (i.e.: other providers).
  - c. make reasonable efforts to inform and provide the amendment to: persons identified by the patient as having received the PHI, persons (including Business Associates) that the Practice knows have the PHI that is subject to the amendment(s) that may have relied, or could foreseeably rely on such information to the patient's detriment.

We may deny your request for an amendment if it is not in writing or does not include adequate reason to support the request. In addition, we may deny your request if you ask us to amend information that: (Note: This list is a sample and is NOT all inclusive.)

- a. was not created by us.
- b. was created by this Practice, but the person or entity that created the information is no longer available to make the amendment.
- c. is not part of the PHI kept by, or for, our Practice.
- d. is not part of the information which you would be permitted to inspect and copy.
- e. is accurate and complete.

If the request for an amendment is denied, the Practice will provide the patient with a written notification including: the basis for the denial, the patient's ability to provide a written disagreement with the denial and the patient can request that the request for amendment and the denial be provided with any future disclosures of the noted sections of the PHI and the description of the complaint procedure as outlined later in this Notice.

3. **Right to an accounting of disclosures.** You have the right to request an accounting of the disclosures which we have made of your PHI. This accounting will not include the disclosures of PHI that we made for purposes of treatment, payment or health care operations or certain other disclosures made pursuant to your authorization or as permitted under the law. Additionally, this accounting will not include disclosures of PHI that were made directly to the patient, incidental to permitted or required uses (i.e.—patient's name being called in the waiting room and being overheard by another patient), those made directly to correctional institutions or law enforcement officials and for national security or intelligence purposes.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate the type of format you want to receive the accounting (for example, on paper or via electronic means). At your request, we can provide you with one accounting without charge in a twelve-month period. If you request additional accountings, we will charge you for the costs of providing the accountings. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. **Right to request restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about your for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us: what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (for example, disclosures to a family member).
5. **Right to request confidential communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer. We will accommodate all reasonable requests.
6. **Right to paper copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, contact the Privacy Officer.

## E. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Practice by contacting the Practice at 7001 Johnnycake Road, Suite 107, Windsor Mill, MD 21244. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will NOT be penalized or retaliated against for filing a complaint.