



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.

Health Partners is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, Health Partners will ask for certain health information to be put into your record. The record usually contains your symptoms, examination and test results, diagnoses and treatment. That information, legally regulated as health information, may be used for a variety of purposes. Health Partners is required to follow the privacy practices described in this Notice.

YOUR RIGHTS

**Get a copy of your records:* You may ask at any time to see a copy of your medical record and other health information we have about you. Ask a staff member how to do this. We will provide a copy or summary of your health information per your request. Please allow two business days for your request to be filled. If records requests are made for continuation or transfer of care, or by the patient, there will be no cost. For requests made by legal offices, disability determination, etc. there is a \$20 flat fee, and a \$ 0.65 fee per page. All records released will be subject to a patient release approval form.

**Ask us to correct your medical record:* You can ask us to correct health information about you that you think is incorrect or incomplete. Ask a staff member how to do this. It is your responsibility as a patient to make sure that the information we have on file is up to date and accurate. We may choose to say no to your request, but you will be promptly notified in the event that this occurs.

**Request confidential communications:* You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. All reasonable requests will be approved.

**Ask us to limit what we use or share:* You can 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 may refuse if it would affect your care. If you pay for a service or healthcare item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree unless a law requires us to share that information.

**Get a list of those with whom we've shared information:* You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable fee if you ask for another within 12 months.

**Get a copy of this privacy notice:* You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you:* 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. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated:* You can complain if you feel we have violated your rights by contacting us. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.



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YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want is to do, and we will follow your instructions.

*In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

*In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

*In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

**To treat you:* We can use your health information and share it with other professionals who are treating you.

**To run our organization:* We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**To bill for your services:* We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

**Help with public health and safety issues:* We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety



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**Do research:* We can use or share your information for health research.

**Comply with the law:* We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests:* We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director:* We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests:* We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions:* We can share health information about you in a response to a court or administrative order, or in response to a subpoena.

CRISP Participation:

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. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

OUR RESPONSIBILITIES

**We are required by law to maintain the privacy and security of your protected health information.*

**We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.*

**We must follow the duties and privacy practices described in this notice and give you a copy of it.*

**We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.*

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective: March 17, 2015

Last Updated: August 6, 2018