

NOTICE OF PRIVACY PRACTICES

PURPOSE:

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

OUR COMMITMENT TO YOUR PRIVACY:

Our practice is dedicated to mandating the privacy of your Individually Identifiable Health Information (IIHI). This Notice of Privacy Practices describe how we may use and disclose your protected health information to carry out treatment payment or health care operations and for other purpose that are permitted or required by law. Protected Health Information (PHI) is information about you, indicating demographic information that may identify you and that related to your past, present or future physical and mental health condition and related health care services. At Montgomery Medical Associates, the privacy notice of your medical information is important for us. We understand that your medical information is personal and we are committed to protecting it.

We are required to abide by the terms of this Notice of Privacy Practices. We may change or update the terms of our notice at anytime; however, 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 any revised Notice of Privacy Practice by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. Our practice will also post a copy in our office in a visible location at all times.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

Each time you visit a hospital, physician or other health care provider, a record of your visit will be made. Typically, this record contains your symptoms, examination and test result, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or third-party payer can verify that services billed were actually provided.
- A tool in education health professional.
- A source of data for medical research.
- A source of information for public health official charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorized disclosure to others.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communication of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Following is statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

RIGHT TO INSPECT AND COPY:

This means you may inspect and obtain a copy of protected health information about yourself that is contained in a designated record set for as long as we maintain the protected health information. A “*designated record set*” contains medical and billing records and any other records that your physician and the practice use for making decisions about you. To inspect and copy medical information that may be used to make decisions about you you must contact the office to obtain the “*Authorization for Disclosure of Medical Records.*” Once you have received this form, please fill it out thoroughly and send the form back to the office.

Under federal law; however, you may not inspect or copy the following record; 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 reviewed. In some circumstances, you may have a right to have this decision reviewed.

RIGHT TO REQUEST RESTRICTIONS:

You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclose of your protected health information, your protected health information will not be restricted. If your physician does agree to the request restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting the office for a “*Request for Restriction Form.*” This form must be submitted to our office.

RIGHT TO AMEND:

This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have a right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our office to obtain the “*Health Record Amendment Form*.” This form must be submitted to our office.

RIGHT TO RECEIVE CERTAIN ACCOUNTING DISCLOSURE:

This right applies to disclosures for purpose other than treatment, payment of health care operation as described in this Notice of Privacy Practice. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after *April 14, 2003*. The right to receive this information is subject to certain exceptions, restrictions and limitations. Please contact our office to obtain the “*Request for Accounting Disclosures Form*.” This form must be submitted to our office.

RIGHT TO OBTAIN A PAPER COPY:

You are entitled to receive a copy of our Notice of Privacy Practices. To obtain this paper copy, please ask our receptionists at time of your visit or contact Office.

OUR RESPONSIBILITIES:

Montgomery Medical Associates, PC is required to:

- Maintain the privacy of your health information.
- Provide you with a notice to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a request restriction.
- Accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practice change, we will mail a revised notice to the address you provided us. We will not use or disclose your health information without your authorization, except as described in this notice.

COMPLAINTS:

If you have questions and would like additional information, you may contact our office.

If you believe that your privacy rights have been violated, you can file a complaint with the director of health information management/privacy office or with the secretary of Health and Human Services. Please contact the office to obtain the “*Complaint Form*.” This form must be submitted to our office. There will be no retaliation for filing a complaint.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION:

For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her explanations of the members of healthcare team. Members of your healthcare team will then record the actions they look and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this practice.

PAYMENT:

For example, a bill may be sent to you or a third-part payer. This information on the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

HEALTHCARE OPERATIONS:

For example, member of the medical staff, the risk or quality improvement manager, or member of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

BUSINESS ASSOCIATES:

There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory test and a copy service we use when making copies of your health record.

When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we are asked them to do and bill you or your third-part payer for services rendered. To protect your health information; however, we require business associate to appropriately safeguard your information.

APPOINTMENT REMINDERS:

We contact you by phone or leave a message on your home, work or cell phone as a reminder that you have an appointment scheduled for medical care at the office. Please notify us if you do not wish do not wish to be contact-ed for appointment reminders.

NOTIFICATION:

We may use or disclose information to assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

COMMUNICATION WITH FAMILY MEMBERS:

Health professionals may disclose health information or payment related to your care to a family member, other relative, close personal friend or any other person you identify.

RESEARCH:

We may disclose information to researchers if their research has been approved by an institutional board that has reviewed their research proposal and established protocols to ensure the privacy of your health information.

DISCLOSURES REQUIRED BY LAW:

We may use or disclose your protected health information to the extent that federal, state, or local law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to relevant requirement of the law. You will be notified, as required by law, of any such uses or disclosures.

MILITARY AND NATIONAL SECURITY:

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) 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 official for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

WORKERS' COMPENSATION/HEALTH OVERSIGHT ACTIVITIES:

We may disclose your protected health information as authorized to comply with Worker's Compensation laws and other similar legally established programs. We may disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefits program, other government regulatory programs and civil rights laws.

LAWSUITS AND DISPUTES:

If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:

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 funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:

We will not use or disclose your Protected Health Information for any purpose other than those identified in the previous sections without your specific written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization in writing at any time. If you revoke the Authorization, we will no longer use or disclose information about you for the reason covered by your written Authorization; however, we cannot take back any use or disclosures already made with your permission. We cannot release you are your Psychotherapy Notes without a special signed, written authorization (different than the Authorization mentioned above) from you. In order to disclose these types of record for purpose of treatment, payment or health care operations, we will have to have a special written authorization that complies with the law.

FOOD AND DRUG ADMINISTRATION (FDA):

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

CORRECTIONAL INSTITUTION:

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

ADDENDUM TO NOTICE OF PRIVACY PRACTICES

We have chosen to participate in the Chesapeake Regional Information System for our Patients, (CRISP), a statewide health information exchange and also the Health Information Exchange (HIE), our health information exchange with Shady Grove Adventist Hospital. As a participant in CRISP and HIE, we may share and exchange information that we obtain or create about you for treatment and public health purposes, as permitted by applicable law. This exchange of health information can provide faster access to critical information about your medical condition, improve the coordination of your health care, and assist health care providers and public health officials in making more informed treatment decisions.

You have the right to “opt-out” of CRISP and/or HIE, which will prevent health care providers from accessing some of the information available through the exchange. However, even if you opt-out, a certain amount of your health information will remain in the exchange. Specifically, health care providers who participate in CRISP may continue to access certain diagnostic information related to tests, procedures, etc. that have been ordered for you (e.g., imaging reports and lab results), and they may send this information to other health providers to whom you have been referred for evaluation or treatment through CRISP’s secure messaging services.

You may opt-out of CRISP by calling 1-877-952-7477, or by submitting a completed Opt-Out Form to CRISP by mail, fax, or through their website at www.crisphealth.org.

To opt-out of CCH please follow these steps to fill out an opt-out form provided by your practice:

1. Patient informs the practice they would like to opt-out of sharing their data with Connected Health.
2. Patient fills out the Connected Health opt-out form and the practice faxes it to 301-309-6043.
**This fax must be sent within 24 hours of the patient’s visit for timely opt-out
3. Connected Health staff will mark the patient record to be excluded from the health information exchange.

To learn more please visit <http://umms.org/shore-health/patients/quality/notice-of-privacy-practices>.