

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, MARYLAND AND YOUR HEALTH INFORMATION

NOTICE OF PRIVACY PRACTICES

Effective Date: this notice is effective August 19, 2013

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

Introduction

The Prince George's County Health Department (PGCHD) is committed to protecting your health information. PGCHD is required by law to maintain the privacy of Protected Health Information (PHI). PHI includes any identifiable information that we obtain from you or others that relate to your physical or mental health, the health care you have received, or payment for health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. In order to provide treatment or to pay for your healthcare, PGCHD 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, and legally regulated as health information, may be used for a variety of purposes. PGCHD and its Business Associates are required to follow the privacy practices described in this Notice, although PGCHD 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 any PGCHD program. It is also posted on our website at www.princegeorgescountymd.gov/sites/Health/Services.

Permitted Uses & Disclosures

PGCHD employees will only use your health information when doing their jobs. For uses beyond what PGCHD normally does, PGCHD must have your written authorization unless the law permits or requires it, and you may revoke such authorization with limited exceptions. The following are some examples of our possible uses and disclosures of your health information:

Uses and Disclosures without Consent Relating to Treatment, Payment, or Health Care Operations:

- **For treatment:** PGCHD may use or share your health information to approve, deny treatment, and to determine if your medical treatment is appropriate. For example, PGCHD health care providers may need to review your treatment with your healthcare provider for medical necessity or for coordination of care.
- **To obtain payment:** PGCHD 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.
- **For health care operations:** PGCHD may use and share your health information to evaluate the quality of services provided, or to our state or federal auditors.

Other Uses and Disclosures of Health Information Required or Permitted by Law:

- **Information purposes:** Unless you provide us with alternative instructions, PGCHD may send appointment reminders and other materials about the program to your home.
- **Required by law:** PGCHD may disclose health information when a law requires us to do so.
- **Public health activities:** PGCHD may disclose health information when PGCHD is required to collect or report information about diseases, injuries, or to report vital statistics to other divisions in the department and other public health authorities.
- **Health oversight activities:** PGCHD may disclose your health information to other divisions in the department and 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:** PGCHD 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 the supervision of our Institutional Review Board or other designated privacy board, PGCHD may disclose health information to assist medical research.

- **Avert threat to the health or safety:** In order to avoid a serious threat to health or safety, PGCHD 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:** PGCHD will disclose your health information to appropriate authorities if we reasonably believe that you may be a possible victim of abuse, neglect, domestic violence, or some other crime. PGCHD 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:** PGCHD 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:** PGCHD may share your health information with people as it is directly related to their involvement in your care or payment of your care. PGCHD may also share your health information with people to notify them about your location, general condition, or death.
- **Worker's compensation:** PGCHD may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.
- **Patient directories:** PGCHD entities generally do not maintain directories for disclosures to callers or visitors who ask for you by name. However, if a PGCHD entity does maintain a directory, you will not be identified to an unknown caller or visitor without authorization, and the limited information we disclose may include your name, location in the entity, your general condition (e.g., fair, stable, etc.) and your religious affiliation.
- **Lawsuits, disputes and claims:** If you are involved in a lawsuit, a dispute, or a claim, PGCHD may disclose your health information in response to a court or administrative order, subpoena, discovery request, the investigation of a complaint filed on your behalf, or other lawful process.
- **Law enforcement:** PGCHD may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.
- **Other parties for conducting permitted activities:** PGCHD may conduct the above-described activities ourselves, or we may use non-PGCHD entities (known as Business Associates) to perform those operations. In those instances where we disclose your PHI to a third party acting on our behalf, we will protect your PHI through an appropriate privacy agreement.
- **Fundraising Activities:** PGCHD may use information about you to contact you in an effort to raise money for PGCHD and its operations. The information we release about you will be limited to your contact information, such as your name, address and telephone number and the dates you received treatment or services at PGCHD.

Your Rights

You Have a Right to:

- **Request restrictions:** You have the right to request a restriction or limitation on the health information PGCHD uses or discloses about you. PGCHD will accommodate your request if possible, but is not legally required to agree to the requested restriction. Except as otherwise required by law, PGCHD must accommodate your request if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.
- **Request confidential communication:** You have the right to ask that PGCHD send you information at an alternative address or by alternative means. PGCHD must agree to your request as long as it is reasonably easy for us to do so.
- **Inspect and copy:** With certain exceptions (such as psychotherapy notes, information collected for certain legal proceedings, and health information restricted by law), 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 and cost-based fee for copying, postage, and preparing an explanation or summary of the protected health information. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. If PGCHD maintains your health information using electronic health records, we will provide access in electronic format and transmit copies of the health information to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific.
- **Request amendment:** You may request in writing that PGCHD correct or add to your health record. PGCHD will respond to your request within 60 days, with up to a 30-day extension, if needed. PGCHD may deny the request if PGCHD determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; (3) not permitted to be disclosed. If PGCHD approves the request for amendment, PGCHD will change the health information and inform you, and PGCHD will tell others that need to know about the change in the health information.

- **Require authorization:** You have the right to require your authorization for most uses and disclosures of psychotherapy notes, for receiving marketing communication and for the sale of your PHI.
- **Receive accounting of disclosures:** You have a right to request a list of the disclosures made of your health information after April 14, 2003, and in the six years prior to the date on which the accounting is requested. Exceptions are health information that has been used for treatment, payment, and health care operations. In addition, PGCHD does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officers, or correctional facilities. There will be no charge for up to one such list each year. Additionally, PGCHD will provide an accounting for disclosures made through an electronic health record for treatment, payment, and health care operations, but information is limited to three years prior to date of request.
- **Opt-Out:** You have the right to receive fundraising communication and the right to request to opt-out of fundraising communication. You also have a right to opt-out of a PGCHD facility's patient directory.
- **Receive notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by mail upon request.
- **Receive breach notification:** You have the right to receive notification whenever a breach of your unsecured PHI occurs.
- **Receive protection of genetic information:** If any of PGCHD's health care programs is considered a health plan, the health plan is prohibited from using or disclosing your genetic information for certain underwriting purposes.
- **Receive protection of mental health records:** If a medical record that is developed in connection with you receiving mental health services is disclosed without your authorization, PGCHD will only release the information in your record that is relevant to the purpose for which the disclosure is sought.

For more information:

This document is available in other languages and alternative formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact the **Prince George's County Health Department Compliance Officer at 301-883-7818.**

To Report a Problem about our Privacy Practices:

If you believe that your privacy rights have been violated, you may file a complaint.

- You can file a complaint with the Prince George's County Health Department Compliance Officer at 301-883-7818.
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may call the Prince George's County Health Department Compliance Officer for the contact information.

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

Provider

Ensure that an attempt is made to obtain an acknowledgement signature. See form below (HIPAA-1 / HIPAA-1S).

**ACKNOWLEDGEMENT OF RECEIPT OF
FORM HIPAA-1/HIPAA-1S
NOTICE OF PRIVACY PRACTICES
(English/Spanish)**

Name _____

HD Number _____

Providers: Ensure that an attempt is made to obtain an acknowledgement signature.

I acknowledge receipt of Form HIPAA-1 Notice of Privacy Practices

Patient or Authorized Representative

Date

Reason signed acknowledgement not obtained by provider:

Confirmo que he recibido esta Nota de Prácticas de Privacidad:

Firma del Paciente o Representante Autorizado

Fecha

Reason signed acknowledgement not obtained by provider: