

# MEDICAL AND SURGICAL CLINICS OF SOUTHERN MARYLAND

## 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.**

### ***UNDERSTANDING YOUR MEDICAL HEALTH RECORD INFORMATION:***

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, 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 and serves as a means of communication among the many health professionals who contribute to your care. 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, and assists you in making more informed decisions when authorizing disclosure to others.

### ***YOUR HEALTH INFORMATION RIGHTS:***

Unless otherwise required by law, 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, and request amendments to your health record. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect, and obtain a copy of your health record, obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations and/or revoke your authorization to use or disclose health information except to the extent that action has already been taken.

You have a right to inspect and copy your health information upon request. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

- Psychotherapy notes. Such notes comprise those that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.

- Information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, the provider may deny you access but, if he/she does, the provider must provide you with a review of the decision denying access. These “reviewable” grounds for denial include:

- Licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- Personal Health Information (PHI) makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by the individual’s personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person, i.e.; a spouse.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access.

**We reserve the right to charge a reasonable, cost-based fee for making copies, per Maryland Regulations.**

- You may request amendment/correction of your health information. We do not have to grant the request if:
  - We did not create the record. For example, as in the case of a consultation report from another provider, we did not create the record, therefore, you must seek an amendment/correction from the party creating the record.
  - The records are not available to you as discussed immediately above in “reviewable” grounds for denial.
  - The physician states the record is accurate and complete.
  - If we deny your request for amendment/correction, we will provide you with the reason and, how you can attach a statement of disagreement to your records (which we may rebut), and how you can appeal. If we grant the request, we will

make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

- You may obtain an accounting of “non-routine” uses and disclosures meaning those other than for treatment, payment, and health care operations. We do not need to provide an accounting for disclosures:
  - For national security or intelligence purposes.
  - To correctional institutions or law enforcement officials that occurred before April 14, 2003.
- We must provide the accounting within 60 days. The accounting must include:
  - date of each disclosure
  - name and address of the organization or person who received the protected health information
  - brief description of the information disclosed
  - brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization, or a copy of the written request for disclosure

***OUR RESPONSIBILITIES:***

This organization is required to maintain the privacy of your health information. In addition, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice and notify you if we are unable to agree to a requested restriction. 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 practices change, we shall advise you by posting the revised “Notice” in our reception areas. We will not use or disclose your health information without your authorization, except as described in this notice.***

***FOR MORE INFORMATION OR TO REPORT A PROBLEM:***

If you have questions and would like additional information, you may contact the privacy officer at 301-877-2061. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

***EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS:***

We will use your health information for treatment. For example: Information obtained and action taken by your healthcare practitioner and his or her staff will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide your other-practitioners with copies of various reports that should assist them in treating you.

***We will use your health information for payment:*** For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

***We will use your health information for regular health operations:*** For example: Members of the medical staff, the risk or quality improvement manager, or members 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 may be some services provided in our organization through contracts with Business Associates. Examples include certain diagnostic tests and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of the health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, however, we require that each Business Associate sign a confidentiality statement.

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

***Communication with Family:*** Health professionals, using their best judgment, may disclose to a family member, other relatives, a personal representative, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

***Research:*** We may disclose information to researchers when we have reviewed the research proposal and established protocols to ensure the privacy of your health information.

***Funeral Directors:*** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

***Organ Procurement Organizations:*** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

***Marketing:*** We may contact you to provide appointment reminders or test results or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***Food and Drug Administration (FDA):*** As required by law, 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.

***Auto Insurance:*** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to auto insurance or other similar programs established bylaw.

**Worker's Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Prescriptions Narcotics:** Narcotic use information will be given to workers compensation case managers, referring physician or pharmacists if narcotic abuse is suspected.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with tracking births and deaths, as well as with preventing or controlling disease, injury, or disability.

**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. An inmate does not have the right to the Notice of Privacy Practices.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal and State law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**The Federal Department of Health and Human Services (DHHS):** Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

**Notice of Privacy Practices Availability:** This notice will be prominently posted in the office where registration occurs. Patients will be provided a hard copy.

I have read and understand all the information stated above. Any questions I had regarding this policy were answered to my satisfaction.

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Signature of Patient

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Effective Date

List any restrictions below and initial:

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