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NOTICE OF PRIVACY PRACTICES

EFFECTIVE: September 23, 2013 UPDATED: January 8, 2018

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.

If you have any questions or comments about this notice, or if you wish to request additional information about this notice, please contact the privacy officer, Heather Raithe, at:

**300 South Church Street
Po Box 20
Middletown, MD 21769
hraithel@fmh.org**

A. OUR COMMITMENT TO YOUR PRIVACY

Middletown Valley Family Medicine is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. This notice applies to your medical information in the possession of the practice. We are required by law and out procedures:

- To maintain the confidentiality of your medical information;
- To provide you with this notice of our legal duties, commitment and privacy practices concerning your medical information: and
- To follow the terms of our notice of privacy practices, as it may be amended from time to time.

CHANGES TO THIS NOTICE

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change, or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. We will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any visit.

WHO WILL FOLLOW THIS NOTICE

- Any practitioner or other person employed by or otherwise associated with the practice who is part of your care or otherwise has access to your medical information.
- All other employees of the practice.

B. HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe, in general, the different ways in which we may use and disclose your medical information. Please note that each particular use or disclosure is not listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories.

Treatment

The practice may use and disclose your medical information to treat you. For example, we may ask you to undergo laboratory tests and we may use the results to help us reach a diagnosis. Additionally, we may disclose your medical information to others who may assist in your care, such as a hospital and, if applicable, another practitioner, a spouse, children or parents.

Payment

The practice may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may share with your insurer details regarding your treatment to determine if your insurer will pay for your treatment. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items.

Health Care Options

The practice may use and disclose your medical information to operate our business. These uses and disclosures are important to ensure that you receive quality care. For example, the

practice may use medical information to evaluate the quality of care you received from us, or to conduct management and business planning activities for the practice.

Appointment Reminders

The practice may use and disclose your medical information to remind you that you have an appointment.

Treatment Alternative/Health-Related Benefits and Services

The practice may use and disclose your medical information to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.

Required by Law

The practice will use or disclose medical information about you when required by applicable law.

Public Health Activities

The practice may disclose your medical information for public health activities including generally:

- To prevent or control disease, injury or disability;
- To maintain vital records, such as births and deaths;
- To report child abuse or neglect;
- To notify a person regarding potential exposure to a communicable disease;
- To notify a person regarding a potential risk for spreading or contracting a disease or condition;
- To report reactions to drugs or problems with products or devices;
- To notify you if a product or device you may be using has been recalled;
- To notify appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and
- To notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.

Health Information Exchanges

We participate in one or more health information exchanges involving health care providers who care for patients served by Frederick County Providers. In general, health information exchanges facilitate the electronic exchange of health information across different organizations within a specified area, such as a health system, a community, or a broader region. If you have any questions regarding our participation in these health information exchanges, please contact our Privacy Officer for additional information.

We will share your information with this exchange as permitted by law in order to facilitate the secure exchange of your electronic health information between health care providers and other health care entities for your treatment, payment, or other permitted purposes (including health care operations). If you do not want your information shared in this way, you can opt out by completing a written opt out form, which you can find at and submit to any of our offices. We will comply with your opt out request to the extent required by applicable law. Opting out will not preclude any participating organization that already has received or accessed your information from retaining such information. If you opt out, you can choose to resume participation by submitting a written request to one of our offices.

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. 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 all 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.

Abuse, Neglect, and Domestic Violence

If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk of serious harm or is otherwise not in your best interest.

Health Oversight Activities

The practice may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

Lawsuits and Similar Proceedings

The practice may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you or your attorney of the request or to obtain an order protecting the information the party has requested, if required by law.

Law Enforcement

The practice may release medical information if asked to do so by law enforcement officials:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- Concerning a death if such officials believe might have resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- In response to a warrant, summons, court order, subpoena or similar legal process;
- To identify/locate a suspect, material witness, fugitive or missing person; and
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Coroners, Medical Examiners, and Funeral Directors

The practice may release medical information to a coroner or medical examiner. This may be necessary, for example to determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation

The practice may use or disclose your medical information, when appropriate, to organizations that handle organ and tissue procurement, banking, or transplantation.

Serious Threats to Health or Safety

The practice may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Specialized Government Functions

The practice may disclose your medical information if you are a member of U.S or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, we may disclose your medical information to federal officials for intelligence and national security activities authorized by law.

Furthermore, the practice may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (i) for the institution to provide health care services to you, (ii) for the safety and security of the institution, and/or (iii) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation

The practice may release your medical information for workers' compensation and similar programs.

C. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that the practice maintains about you:

Requesting Restrictions

You have the right to request a restriction on our use or disclose of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members and friends.

We are not required to agree to your request, but we will if we reasonably can. However, if we do agree with your request, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. If we disclose your medical information for emergency treatment, we will request that all treating health care providers not further use or disclose the information. In order to request a restriction, you must make your request in writing to our Privacy Officer listed on page 1. Your request must describe: (i) the information you wish restricted; (ii) whether you are requesting to limit the practice's use, disclosure or both; and (iii) to whom you want the limits to apply. Please see our receptionist to obtain an appropriate request form.

Confidential Communications

You have the right to request that the practice communicates with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home, rather than work.

In order to request a confidential communication, you must make a written request to our Privacy officer listed on page 1 specifying the requested method of contact, or the location where you wish to be contacted. The practice will accommodate reasonable requests. You do not need to give a reason for your request but if your request is based on your belief that if the request is not accepted you could be endangered, you should tell us and we will accommodate the request. Please see our receptionist to obtain an appropriate request form.

Inspection and Copies

You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including your medical records and billing records, but not any psychotherapy notes we have in our possession. You must submit your request in writing to our Privacy Officer listed on page 1 in order to inspect and/or obtain a copy of your medical information. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your request, but by another licensed health care professional chosen by us. Please see our receptionist to obtain an appropriate request form.

Amendment

You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept or for the practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer listed on page 1. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is:

- Accurate and complete;
- Not part of the medical information kept by or for the practice;
- Not part of the medical information which you would be permitted to inspect and copy; or
- Not created by the practice, unless the individual or entity that created the information is not available to amend the information.

Please see our receptionist to obtain an appropriate request form.

Accounting of Disclosures

You have the right to request an accounting of disclosures which is a list of certain disclosures our organization has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request to our Privacy Officer listed on page 1. All requests for such an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but the practice may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request in writing before you incur any costs.

Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of the notice of privacy practices at any time. To obtain a paper copy of this notice, contact our Privacy Office listed on page 1.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with the Practice and/or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact our Privacy Officer listed on page 1. All complaints must be submitted in writing. Please see our receptionist to obtain an appropriate request form. You will not be penalized for filing a complaint.

Additional Rights

- You will be notified if a breach of unsecured protected health information has occurred.
- You have the right to opt out of the fundraising communication from the practice and the practice cannot sell your health information without your authorization.
- You have the right to request a copy of your electronic medical record in electronic format.
- If you pay the practice out-of-pocket in full for your treatment, then you can instruct the practice not to share information about your treatment with your health plan.

Right to Provide and Authorization for any Marketing and Sale of your Medical Information or Other Uses and Disclosures

The practice will obtain your written authorization for any marketing and sale of your medical information and for uses and disclosures of your medical information that are not identified by this notice or are not permitted by applicable law. Any information you provide us regarding the use and disclosure of your medical information may be revoked by you at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission.

STATE LAW AND REGULATION

The federal law that protects the confidentiality of your medical information is known by the acronym HIPAA. HIPAA overrides state law when it provides more protection of your medical information but is subordinate to state law and regulation when state law provides more protection than that provided by HIPAA. This notice is one required by HIPAA, but the practice is also equally committed to maintain the confidentiality of your medical information as required by applicable state law and regulation.