



BAY COMMUNITY HEALTH
Notice of Privacy Practices
Effective Date: January 1, 2013

This notice describes how health information about you may be used and disclosed and how you can get this information.
PLEASE READ IT CAREFULLY.

Our Pledge to You about Protecting Your Health Information We at Bay Community Health (BCH) understand that health information about you and your health care is personal. We are committed to protecting this most private information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this health care practice, whether made by your personal doctor or health care practitioner or others working in this office. This notice will tell you about the ways we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and certain obligations we have to use or disclose it. **LAW REQUIRES US TO:**

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy with respect to your health information; and
- Follow the terms of this notice currently in effect

How We May Use and Disclose Health Information About You For Treatment We may use health information about you to provide you with health care treatment or services. We may disclose information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our office, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or other reasons. The information is needed by these professionals in order to know what treatments you will need. They will record actions taken in the course of your treatment and note how you respond. In the event of a disaster, we may also disclose health information about you to another organization assisting in disaster relief so that your family can be notified about your condition, status and location. ***Communications with Family*** Using our best judgment, we may disclose to a family member, personal representative, or any other person you identify, health information about you related to that person's involvement in your care if you do not object, or in the event of an emergency. ***Appointments*** We may use your information to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you. ***For Payment*** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The bill may contain information that identified you, your diagnosis, and treatment or supplies you received in the course of care. ***For Health Care Operations*** We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Health Information Exchanges We may participate in various health information exchanges to facilitate the secure exchange of your electronic health information between and among several health care providers or other health care entities for your treatment, payment, or other healthcare operations purposes. 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 prevent searching of 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.

Health Care Oversight Activities We may disclose health information to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, inspections, and licensure. They are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. ***As Required by Law*** We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings;
- To assist law enforcement officials in their duties, and
- To report information related to victims of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

To Avert a Serious Threat to Health and Safety We may use or disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be made to someone able to help prevent the threat. ***For Public Health*** We may use or disclose your health information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls for products they may be using, and
- To notify a person who may have been exposed to disease or may be at risk for contracting the disease or condition.

Military or Veterans If you are a member of the armed forces or separated/discharged from military service, we may release health information about you as required by military command authorities or the Department of Veteran Affairs. We may also release health information about foreign military personnel to the appropriate foreign military authorities. ***Workers Compensation*** We may disclose health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness. ***Coroners, Health Examiners and Funeral Directors*** We may release health information to a coroner or health examiner. For example, this may be necessary to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties. ***Inmates*** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release may be necessary for the institution to provide you with the health care, to protect your health and safety or that of



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others, or for the safety and security of the correctional institution. **Government Functions** We may release health information to specialized government functions such as protection of public officials (President of the United States and others), or reporting to various branches of the armed services, authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Your Health Information Rights The health and billing records we maintain are the physical property of Bay Community Health. The information in them, however, belongs to you. You have a right to: **Inspect and Copy** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. This does not include psychotherapy notes. To inspect and/or copy health information you must request this in writing using the form that we will provide to you upon request. Medical Record copies may be processed by an independent company, and a fee by this company or by Bay Community Health is billed to the patient. The fee varies based on the individual's medical records and specifics of the request, and the request will be processed within 2 to 3 weeks of date of the request. We may deny your request to inspect and copy your health information in very limited circumstances. If you are denied access to your health information, you may request a review of the denial. The person conducting the review will not be the same one that denied your request. We will comply with the outcome of this review. **Right to Amend** If you feel that health information we have about you is incorrect or incomplete; you may ask us to amend the information. To request an amendment you need to submit your request in writing, on one page of paper, legibly handwritten or typed to Bay Community Health, HIPAA Officer, 134 Owensville Road, West River, MD 20778. In addition, you must provide the reason for wanting to amend the information. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we share information as previously described. **Right to an Accounting of Disclosures** You have the right to request a list of accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, or health care operations, as previously described. To request a list of disclosures, you must submit your request in writing to Bay Community Health, HIPAA Officer, 134 Owensville Road, West River, MD 20778. Your request must state a time frame that may be no longer than six (6) years and may not include dates prior to April 13, 2003. The first list you request within a twelve-month period will be free. For additional lists, we will charge you the cost of providing the list. We will notify you of the cost involved and you may choose to modify or withdraw your request at that time and before the costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and the date by which we can supply the list, but this date will not exceed a total of 60 days from the date you made the request. **Right to Request Restrictions.** You have the right to request a restriction of limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. **We are not required to agree to your request for restrictions if we are not able to ensure our compliance or if we believe it will negatively impact the care we may provide you.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to Bay Community Health, HIPAA Officer, 134 Owensville Road, West River, MD 20778. In your request, you must tell us what information you want to limit and to whom you want the limits to apply. **Right to Request Confidential Communications** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example; you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to Bay Community Health, HIPAA Officer, 134 Owensville Road, West River, MD 20778. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. **Right to a Paper Copy of this Notice.** You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from Bay Community Health, HIPAA Officer, 134 Owensville Road, West River, MD 20778.

Changes to this Notice We reserve the right to change this notice. We reserve the right to make revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain the effective date on the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Bay Community Health, HIPAA Officer, 134 Owensville Road, West River, MD 20778. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Acknowledgement of Receipt of this Notice

We will request that you sign a separate form or notice acknowledging that you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name and date the acknowledgement form. This acknowledgement will be filed with your records.

Bay Community Health sincerely respects your privacy rights, and will make every reasonable attempt to protect your health information. It is important that you read this notice carefully, and if you have questions or concerns regarding this notice, please contact:

**Bay Community Health
Attention: HIPAA Officer
134 Owensville Road
West River MD 20778
410-867-4700**