

The Arc of Washington County, Inc. Policies and Procedures

Persons Served Notice of Privacy Practices for Protected Health Information

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 consent, The Arc/WC is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes:

- A nurse obtain treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Example of use of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of use of your information for health care operations:

- We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of The Arc/WC Health Plan. The information in it, however, belongs to you. You have a right to the following:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office – we are not required to grant the request, but we will comply with any request granted
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office
- Request that you be allowed to inspect a copy of your health record and billing record: you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request
- Appeal a denial of access to your protected health information except in certain circumstances

- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request (The Arc/WC is not required to make such amendments)
- File a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request
- Revoke authorizations that you make previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office

If you want to exercise any of the above rights, please contact Stephanie Snyder, 820 Florida Ave., Hagerstown, MD 21740, 301-733-3550, in person or in writing, during normal business hours. She will provide you with assistance on the steps to take to exercise your rights.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

Our Responsibilities

The Arc/WC is required to do the following:

- Maintain the privacy of your health information
- Provide you with a notice as to our duties and privacy practices regarding the information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate your reasonable requests regarding methods to communicate health information to you

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Stephanie Snyder, Privacy Officer, 820 Florida Avenue, Hagerstown, MD 21740, 301-733-3550 ext. 2258.

Additionally, if you believe your privacy rights to have been violated, you may file a written complaint at our office by delivering the written complaint to Stephanie Snyder. You may also file a complaint by mailing it or e-mailing it to the Office for Civil Rights, US Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499. For further information you may check the web site at www.hhs.gov.

- We cannot, and will not, require you to waive the right to file a complaint with the Civil Rights Office as a condition of receiving treatment from The Arc/WC.
- We cannot, and will not, retaliate against you for filing a complaint with the Civil Rights Office.

Other Disclosures and Uses **Notification**

- Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care. The disclosed information can include your location, your general condition, or your death.

Communication with Family

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in such case as an emergency warrants the disclosure.

Research

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

Disaster Relief

- We may use and disclose your protected health information to assist in disaster relief efforts.
- We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations

- Consistent with applicable law, we may disclose your protected 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 you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Fund Raising

- We may contact you as part of a fund raising effort.

Food and Drug Administration (FDA)

- We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Public Health

- As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse & Neglect

- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Law Enforcement

- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

- We may disclose your protected health information in the course of any judicial or administrative proceedings as allowed or required by law, with your consent, or as directed by a proper court order.
- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions

- We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Other Uses

- If we maintain a web site that provides information about our entity, this Notice will be on the web site.

Date

Executive Director

Reviewed 6/11
Revised 2/06