

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. That information may include substance use disorder (SUD) treatment information. 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. 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, is confidential pursuant to Federal and state laws and regulations, but may be used for a variety of purposes, which are detailed below. 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 <https://www.princegeorgescountymd.gov/1588/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. Generally, the law prohibits PGCHD from disclosing to a person outside of PGCHD any information that connects you to SUD treatment, except as described as follows:

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 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:

- **Secretary of Health and Human Services:** PGCHD is required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rules.
- **Business Associates:** We may disclose your PHI to Business Associates that are contracted by us to perform services on our behalf which may involve receipt, use or disclosure of your PHI. All our Business Associates must agree to: (i) Protect the privacy of your PHI; (ii) Use and disclose the information only for the purposes for

which the Business Associate was engaged; (iii) Be bound by 42 CFR Part 2; and (iv) if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law.

- **Crimes on Premises:** PGCHD may disclose to law enforcement officers' information that is directly related to the commission of a crime on the premises or against our personnel or to a threat to commit such a crime.
- **Reports of Suspected Child Abuse and Neglect:** PGCHD may disclose information required to report under state law incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, we may not disclose the original patient records, including for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect, without consent.
- **Court Order:** PGCHD may disclose information required by a court order, provided certain regulatory requirements are met.
- **Emergency Situations:** PGCHD may disclose information to medical personnel for the purpose of treating you in an emergency.
- **Research:** PGCHD may use and disclose your information for research if certain requirements are met, such as approval by an Institutional Review Board.
- **Audit and Evaluation Activities:** PGCHD may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.
- **Reporting of Death:** PGCHD may disclose your information related to cause of death to a public health authority that is authorized to receive such information.

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.

Organized Health Care Arrangement

Prince George's County Health Department is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Prince George's County Health Department, OCHIN supplies information technology and related services to Prince George's County Health Department and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Prince George's County Health Department with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information, as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

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

You must obtain a signature for SUD treatment clients. 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 _____

Service Unit _____

Providers: A signature must be obtained from SUD treatment patients in order to use PHI for treatment, payment, and healthcare operations purposes.

**I acknowledge receipt of Form HIPAA-1 Notice of Privacy Practices
and agree to the disclosure of my information as described.**

Patient or Authorized Representative

Date

Patient Refused to Sign _____

Employee Signature _____

Reason signed acknowledgement not obtained:

Confirmo que he recibido esta Nota de Prácticas de Privacidad:

Firma del Paciente o Representante Autorizado

Fecha

Paciente rehusó firmar _____

Firma del Empleado _____

Reason signed acknowledgement not obtained: