

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This information is often referred to as your health or medical record. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. Your record serves as:

- A basis for planning your care and treatment
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you ensure its accuracy, better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosures to others.

Protected Health Information



YOUR HEALTH INFORMATION RIGHTS:

Although 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 inspect or obtain a copy of your health record (except where restricted by law) upon your written request.
- You have the right to request an amendment of information in your health record that you believe is incorrect or incomplete. Any requests for amendments to health information must provide the reason for the amendment. We can process your request more quickly if you prepare the form called Requests for Amendment of Health Information.
- You have the right to obtain an accounting of disclosures of your health information. This is a list of the disclosures of your information; however, we are not required to agree to a requested restriction.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by mail.
- You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken. Any request must be made in writing.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact the Executive Director at (301) 745-3777. If you believe your privacy rights have been violated, you can file a complaint in writing with our Executive Director at 201 S. Cleveland Avenue, Hagerstown, MD 21740 or with the U.S. Secretary of Health and Human Services, Office of Civil Rights. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE:

We reserve the right to change our practices and amend our notice of privacy practices effective for all protected health information we maintain for now and the future. An amended Notice shall be available to you in paper form upon request.

Effective Date: March 23, 2004
Revised Brochure: 05.2019

Walnut Street Community Health Center, Inc. does business as Family Healthcare of Hagerstown (FHH). This health center receives funding through Health and Human Services (HHS) and is a grantee under 42 U.S.C. 254b. FHH has Federal Public Health Services (PHS) deemed status related to certain health or health-related claims under 42 U.S.C. 233(g)-(n). This includes medical malpractice claims for itself and its covered individuals. FHH is a nonprofit organization under section 501(c)3 of the IRS Code. Family Healthcare is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) with an award totaling \$1.8 million. The contents of this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov. This institution is an equal opportunity provider and employer.



NOTICE OF PRIVACY PRACTICES



201 S. CLEVELAND AVENUE
HAGERSTOWN, MD 21740

301.745.3777

WWW.FAMILYHCH.ORG

OUR RESPONSIBILITIES:

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have made to communicate health information by alternative means to alternative locations.
- We will not use or disclose your health information without your authorization, except as described in this notice

PERMITTED DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS THAT DO NOT REQUIRE PATIENT AUTHORIZATION:

TREATMENT: For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

Members of your healthcare team will then record the actions they took and their observations. In that way, the physician or a subsequent healthcare provider has copies of various reports that should assist him or her in treating you in the future.

PAYMENT: For example: A bill may be sent to you or a third-party payer. Presenting insurance information at the time of service provides us with the authorization to release personal information to your insurance carrier. This includes, but is not limited to, social security number, full name, and date of birth, as well as the diagnosis pertaining to the service provided. *Other personal information will be updated as necessary.* In addition, many insurance carriers require medical records and results to determine payment. By requesting us to file a claim with your insurance company, you are consenting to this release of information.

Your clinical information may be reviewed to determine whether your insurance company will reimburse for your continued care.

REGULAR HEALTHCARE 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 quality of 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.

APPOINTMENT REMINDERS AND CALLS: We may contact you to remind you of your appointment for treatment or medical care at one of our facilities. We may ask you to report in when you come for care so we can prepare for your visit and call you when your caregiver is ready to see you.

HEALTHCARE OVERSIGHT AND QUALITY ASSURANCE; PEER REVIEW: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigation, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

TREATMENT ALTERNATIVES OR HEALTH BENEFITS AND SERVICES THAT MIGHT BE OF INTEREST TO YOU. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

FAMILY NOTIFICATION AND COMMUNICATION: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. If these people are involved in your medical care in any way, we may share information about you. If someone is in charge of paying for your care, we may share information with that person. During a disaster, we may share information with a disaster relief organization so that your family can be notified of your condition, status, and location.

PATIENT SATISFACTION SURVEYS: Family Healthcare of Hagerstown conducts patient satisfaction surveys to understand how we can improve our services to patients and their families.

FOOD AND DRUG ADMINISTRATION (FDA): As required by law, we may disclose health information relative to adverse events with the respect to food, supplements, product defects or post-marketing surveillance information to enable product recalls, repairs or replacement.

WORKERS' COMPENSATION: We may release medical information about you to insurers, government administrators, and employers, etc. for workers' compensation or similar programs. This relates to care provided for work-related injuries or illness.

Public health: We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

CORRECTIONAL INSTITUTIONS: Should you be an inmate of a correctional institution, we may disclose to the institution or their agents, health information necessary for your health and the health and safety of other individuals. An inmate does not have a right to the Notice of Privacy Practices.

ACCESS BY ATTORNEYS AND THE JUDICIAL SYSTEM: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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.

LAW ENFORCEMENT: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are
- Unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Family Healthcare of Hagerstown; and
- In emergency circumstances to report a crime; the location of the crime or victims, or the identity, description or location of the person who committed the crime.

GOVERNMENT SECURITY AND INTELLIGENCE; BIOTERRORISM: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

ACTIVE DUTY MILITARY PERSONNEL: If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

AVERSION OF SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

MENTAL HEALTH, SUBSTANCE ABUSE, SEXUAL ASSAULT, HIV/AIDS: There are special state and federal privacy rules relating to these care areas. If you have concerns about how information is used, maintained and disclosed relating to these areas, please contact the office.