

# Worcester County Health Department

## NOTICE OF PRIVACY PRACTICES

“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.”

The terms of this Notice of Privacy Practices apply to WORCESTER COUNTY HEALTH DEPARTMENT (WCHD). WCHD employees will share personal health information of clients as necessary to carry out treatment, payment and health care operations as permitted by law.

We are required by Federal law to maintain the privacy of clients' personal health information and to provide clients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices from any WCHD site. It is also posted on our website at <http://www.worcesterhealth.org/>

### USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

**Your Authorization and Consent:** Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form consenting to or authorizing the use or disclosure. You have the right to revoke that consent or authorization in writing unless we have taken any action in reliance on the consent or authorization.

**Uses and Disclosures for Treatment:** With your signed consent, we will make uses and disclosures of your personal health information as necessary for your treatment. For example, WCHD health care providers may need to review your treatment plan with your healthcare provider for medical necessity or for coordination of care. We may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and diagnostic testing. We may also disclose health information about you to people who may be involved in your medical care such as family members, clergy, rehabilitation centers, etc.

**Psychotherapy Notes:** An authorization is required for uses and disclosures of psychotherapy notes.

**Uses and Disclosures for Health Care Operations:** With your signed consent, we will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Uses and Disclosures for Health Care Operations:** With your signed consent, we will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our clients. We may also combine health information about many WCHD clients to decide what additional services our organization should offer and what services are not needed. We may also disclose information to doctors, nurses, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other similar organizations to compare how we are doing and see where we may make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific clients are.

WCHD is a participant in the Chesapeake Regional Information Systems for our Patients, Inc. (CRISP), a statewide internet-based 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](http://www.crisphealth.org).

**Breach Notification Obligations:** An individual has a right to, or will receive, notifications of breaches of his or her unsecured PHI.

**Business Associates:** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times, it may be necessary for us to provide certain components of your personal health information to one or more of these outside persons or organizations that assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Appointments and Services:** WCHD may send appointment reminders or information about other health-related services that may be of interest to you to your home. You have the right to request to receive communications by alternative means or at alternative locations. Your request must tell us how or where you wish to be contacted.

**Treatment Alternatives:** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**Research:** Under certain circumstances we may use and disclose health information about you for research purposes.

**Marketing:** We may contact or send you information about new programs, services or events that may be of interest to you. You have the right to request that we not send you any future marketing materials and we will use our best efforts to honor such requests.

**Other Uses and Disclosures:** We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. These include activities such as required reporting of disease, injury, birth and death, and for required public health investigation. We may release your personal health information for any purpose required by law. We may release your personal health information for public health, if we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect or domestic violence. We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls. We may release your personal health information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer. We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings. We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request. In most cases you will have notice of such release. We may release your personal health information to law enforcements officials as required by law. We may release your personal health information to coroners and/or funeral directors consistent with the law. We may release your personal health information if you are a member of the military as required by the armed forces services. We may release your personal health information, if necessary, for national security or intelligence activities. And we may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination. A written authorization is required for any uses and disclosures not addressed within the NPP.

## **RIGHTS THAT YOU HAVE**

**Access to Your Personal Health Information:** You have the right to a copy and/or to inspect the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your legal representative. You will be charged a nominal fee consistent with the Maryland Statutes (MD Health Gen. 4-304 4-301(k)(5)). You may obtain an access authorization form from the Health Information Management Department. MD Code Ann., Health Gen. 4-304.

**Amendments to your Personal Health Information:** You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your legal representative, and must state the reasons for the amendment/correction request. If an amendment/correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.

**Accounting for Disclosures of Your Personal Health Information:** You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. The first accounting in any 12-month period is free; you will be charged a fee for subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your Personal Health Information:** You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment or health care operations on the consent form you sign when you become a client. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction to sending such termination notice to the WCHD.

**Right to Restrict Release of Information for Certain Services:** You have the right to restrict the disclosure of information regarding healthcare item or service for which you have paid in full or on an out-of-pocket basis. This information can be released only upon your written authorization. We have an affirmative obligation to agree to restrict disclosures of your PHI to your health plan for which you have paid for the items or services out-of-pocket and in full.

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint with the Department of Health and Mental Hygiene by calling 1-866-770-7175. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights at 1-877-696-6775. There will be no retaliation for filing a complaint.

**FOR FURTHER INFORMATION:** If you have questions or need further assistance regarding this Notice, you may contact the Health Officer at Worcester County Health Department, PO Box 249, Snow Hill, MD 21863

**EFFECTIVE DATE:** This Notice of Privacy Practices is effective May 1, 2014.

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