



## NOTICE OF PRIVACY PRACTICES

[www.Chesapeakehc.org](http://www.Chesapeakehc.org)

We may use and disclose your personal health information for these purposes:

**For Treatment:** We may use and disclose health information about you to doctors, nurses, technicians, medical students, and others who are involved in your care.

**For Payment:** We may use and disclose health information about you to bill and collect payment for the treatment and services provided to you. We may also provide this information to your health insurance plan to process claims or get pre-approval for coverage of treatment.

**For Health Care Operations:** We may use and disclose health information about you to operate this clinic, to assist other providers involved in your care, to ensure quality care, and to evaluate the performance of our staff in caring for you.

**Appointment Reminders & Health-Related Services:** We may use and disclose health information about you to provide appointment reminders, or give you information about treatment alternatives or other health-related services that we offer.

**Disclosures To Family, Friends, Or Others:** We may release health information about you to a friend or family member who is involved in your health care or to the person who helps pay for your care.

**Research:** Under certain circumstances, we may use and disclose health information about you for research purposes, which would be subject to a special approval process.

**For Purposes Of Organ Donation:** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

**As Required By Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**To Avert A Serious Threat To Health Or Safety:** We may use and disclose health information about you if necessary to prevent 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.

**Military & Veterans:** If you are a member of the armed forces or separated/discharged from military services, we may use and disclose health information about you as required by military command authorities or the Department of Veterans Affairs, as may be applicable.

**Workers' Compensation:** We may use and disclose health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Activities:** We may release health information about you to prevent or control disease, injury or disability and to report: births and deaths, child abuse or neglect, medication reactions or problems, product recalls, and to notify of exposure to disease. We also may notify the appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence when required by law.

**Health Oversight Activities:** We may provide information to assist the government when conducting an investigation or inspection of a health care provider or organization.

**Lawsuits and Disputes:** We may use and disclose health information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested.

**Law Enforcement:** We may release health information about you if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, or summons; or to identify or locate a suspect, fugitive, material witness or missing person; or under certain circumstances, about the victim of a crime or criminal conduct at the clinic.

**For Specific Government Functions:** We may use and disclose health information about you to authorized federal officials for intelligence and other legal national security activities; or provide protection to the President or foreign heads of state. We may also release health information about you to a coroner or health examiner.

**Inmates:** Only if a release of health information would be necessary for the institution to provide health care, to protect your health and safety, or for the safety and security of the correctional institution.

**Other:** Other uses and disclosures of your personal health information that are not described in this Privacy Notice, including psychotherapy notes, would require your prior written authorization. You can revoke this written authorization at any time in writing. We would not be able to take back any uses we had already made with your authorization prior to revoking it.

**Fundraising Activities:** We do not engage in using personal health information to raise funds for our organization.

**Marketing:** We do not use personal health information for marketing purposes.

**Sale of Personal Health Information:** We do not sell personal health information.

**CRISP:** 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 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).

## YOUR RIGHTS

**Right To Inspect And Copy:** You can inspect and copy your personal health information in your records, upon a written request. In certain very limited circumstances, your request may be denied; you can then request that the denial be reviewed. We will comply with the outcome of the review.

**Right to Amend:** If you feel information maintained about you is incorrect or incomplete, you can request an amendment to your record in writing, and it must contain a reason to support your request for an amendment. We may deny your request if it is not in writing or legible or if it was not created by us, is not part of the health information kept by or for the health center, is not part of the information which you would be permitted to inspect and copy, or if the information is accurate and complete.

**Right To Receive An Accounting Of Disclosures:** Any accounting will not include uses or disclosures that you have already consented to, such as those made for treatment or with a written authorization, those that went to a family member/friend involved in your care when you gave us permission to, or to law enforcement officials. The request needs to be in writing.

**Right To Request Restrictions:** You have the right to ask that we limit how we use and disclose your information, except disclosures we are legally required to make. 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 for your care, such as a family member. We are not required to agree to your request if it is not feasible for us to comply or if we believe that it will negatively impact our ability to care for you. If we agree, however, we will comply with your request except in emergency situations. Requests must be in writing.

**Right To Receive Confidential Communications:** You can request in writing that we communicate with you about health matters in a certain way. For example, you can ask that we contact you at work only, or by mail to a specified address. We will accommodate all reasonable requests and we will not ask you the reason for your request.

**Right to a paper copy of this Notice:** You have the right to receive a copy of this Notice at any time. Please request it from our Privacy Officer in writing.

**Right to receive electronic copies** of health information upon request.

**Right to Restrict Personal Health Information Disclosures** to a health plan concerning treatment for which the individual has paid out of pocket.

**Right to receive notification** in the event of improper personal health information disclosure.

**Right to or will receive notifications** of your unsecured patient health information.

## OUR PLEDGE:

CHC is a multidisciplinary health center. We understand that health information about you and the care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create an electronic health record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health care professionals or others working in this office, and it tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

We are required by law to:

1. Make sure that health information that identifies you is kept private in accordance with relevant law.
2. Give you this notice of our legal duties and privacy practices with respect to your personal health information.
3. Follow the terms of the notice that is currently in effect for all of your personal health information.

## HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your personal health information, you may file a complaint with the person listed below.

**Privacy Officer  
CHC  
P. O. Box 1978  
Salisbury, MD 21802  
410-749-1015**

You also may send a written complaint to the Regional Manager, Office of Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall, Suite 372, Philadelphia, PA 19106. We will take no retaliatory action against you if you file a complaint against our privacy practices.

**This Notice went into effect  
April 14, 2003.**

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment.