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Owner: John Cox: HIM Director
Policy Area: RC
References:

Notice of Privacy Practices

Effective Date: **April 14, 2003 (Rev 12/11; 09/13)**

If you have any questions about this Notice, please contact the Privacy Officer, who can be reached at 301-203-2210 or 11711 Livingston Rd, Ft Washington, MD 20744.

1. WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of Fort Washington Medical Center (the "Hospital") and those of:

- a. All employees, staff and other Hospital personnel.
- b. All departments and units of the Hospital.
- c. Any volunteer at the Hospital.
- d. All Hospital-owned physician practices and Outpatient Facilities.

When this Notice refers to "Hospital," "we," or "us," it is referring to Fort Washington Medical Center and/or each of the entities, persons, or sites listed above.

2. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal, and are committed to protecting your medical information. We create a record of the care and services you receive at the Hospital to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or received by the Hospital.

We are required by law to:

- a. Maintain the privacy of protected health information;
- b. Provide individuals with this Notice of Privacy Practices;
- c. Notify affected individuals following a breach of unsecured protected health information;
- d. Post revisions to the Notice of Privacy Practices in the hospital lobby and hospital web site;
- e. Make this Notice of Privacy Practices available to you; and
- f. Follow the terms of the Notice that is currently in effect.

3. CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.

4. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose your medical information. For each category of uses or disclosures, we will give some examples. Not every use or disclosure in a category will be listed.

- a. **For Treatment.** We will use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Hospital personnel who are involved in taking care of you at the Hospital. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We also may disclose medical information about you to people outside the Hospital who may be involved in your medical care after you leave the Hospital.
- b. **For Payment.** We will use and disclose medical information about you so that the treatment and services you receive at the Hospital may be billed to and payment may be collected from you, an insurance company, a governmental entity such as Medicare or Medicaid, or a third party. For example, we may need to give your health plan information about treatment you received at the Hospital so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also have to send your information to more than one health plan in circumstances where it is not clear which health plan has the responsibility to pay for your care.
You may restrict this disclosure in certain circumstances. You may restrict disclosure to healthplans if the disclosure is for payment, the disclosure is not required by law, and you have paid the covered entity in full for the item or service.
- c. **For Healthcare Operations.** We may use and disclose medical information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Hospital personnel for review and learning purposes.
- d. **Treatment Alternatives.** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- e. **Health-Related Benefits and Services.** We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.
- f. **Fundraising Activities.** We may use limited medical information about you to contact you, or may disclose limited medical information about you to a foundation related to the Hospital to permit the foundation to contact you in an effort to raise money for the Hospital. Fundraising communications will include information about how you may choose not to receive any future fundraising communication.
- g. **Reminders.** We may use and disclose medical information about you to contact you in an effort to provide appointment reminders for medical care.
- h. **Research.** Under certain circumstances, we will use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process that takes into account patients' need for privacy.

- i. **Business Associates.** We contract with business associates to provide some services. Examples include reference labs and physician services in the emergency department or laboratory. When these services are contracted, we may disclose your health information to our business associate so that they may perform the job we have asked them to do. To protect your health information however, we require the business associate to appropriately safeguard your information.
- j. **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- k. **To Avert a Serious Threat to Health or Safety.** We will 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. *Except in emergency situations, you may object to the uses and disclosures described below in Sections l and m, either in general or to any specific person or persons to whom your medical information might otherwise be disclosed.*
- l. **Hospital Directory.** We will include certain limited information about you in the Hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the Hospital and generally know how you are doing. If you do not want anyone to know this information about you, you must notify the Hospital at the time of registration, indicate your preference to a care provider during your stay and/or indicate your preference on the Hospital's Patient Consent Form.
- m. **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.
- n. **Special Situations. We will use and disclose medical information about you:**
 - To facilitate organ and tissue donation.
 - For specialized governmental functions, including the military and veterans, national security, criminal corrections and public benefit purposes.
 - For Workers' Compensation or similar programs, as permitted by law.
 - For public health activities.
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
 - For health oversight activities including, for example, audits, investigations, inspections, and licensure.
 - For lawsuits and disputes, we will disclose medical information about you in response to a valid court or administrative order or in the course of defending ourselves.
 - For law enforcement purposes when asked to do so by a law enforcement official.
 - To coroners, medical examiners, and funeral directors as necessary to assist them to carry out their duties.
 - To correctional institutions or law enforcement officials with respect to inmates.
- o. **Written Authorization.** Except as described above, we will disclose your medical information only with your prior written authorization. You may revoke that authorization, in writing, at any time, unless we have taken action relying on your prior authorization or if you signed the authorization as a condition of obtaining insurance coverage.

5. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- a. **Right to Inspect and Copy.** You have the right to inspect and copy medical information about you in a designated record set. Usually, this includes medical and billing records, but does not include psychotherapy notes and other mental health records under certain circumstances.

To inspect and copy medical information about you, you must submit your request in writing to the Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy medical information in certain very limited circumstances, including requests by an inmate at a correctional institution, requests for information we obtained from someone else subject to certain confidentiality agreements, and some requests concerning ongoing research projects. If you are denied access to medical information for any other reason, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the Hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- b. **Request to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Hospital. To request an amendment, your request must be made in writing and submitted to the Medical Records Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request, you may submit a written statement disagreeing with the denial. We will keep your statement on file and distribute it with all future disclosures of the information to which it relates.

- c. **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures of medical information about you, with exceptions. We do not need to account for disclosures made: (i) to you; (ii) pursuant to your written authorization; (iii) for the purpose of carrying out treatment, payment or operations; (iv) of information contained in our patient directory, or to persons involved in your care, or to notify your family or friends about your whereabouts; (v) that are incidental to another permissible use or disclosure; (vi) for national security or intelligence purposes; (vii) to correctional institutions or law enforcement officers who had you in custody at the time of the disclosure; (viii) as part of a limited data set; (ix) to a health oversight agency or law enforcement official if they so request. The accounting will include the date of each disclosure, the name of the entity or person to whom the disclosure was made and that person’s address (if known), and a brief description of the information disclosed together with the purpose of the disclosure.

To request this list or accounting of disclosures, you must submit your request in writing to the Hospital’s Privacy Officer. Your request must state a time period within the last six years Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you.

We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- d. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
- e. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Hospital's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- f. **Right to Confidential Communications.** You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. All reasonable requests will be granted. Contact the Privacy Officer if you require such confidential communications.
- g. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice by requesting a paper copy from the Hospital's Privacy Officer in writing.

6. HEALTH INFORMATION EXCHANGE

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 prevent searching of 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.**

7. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a privacy complaint with the Hospital, contact the Privacy Officer:

Privacy Officer
11711 Livingston Road
Fort Washington, MD 20744
301-203-2210

All complaints must be submitted in writing.
You will not be penalized for filing a complaint.

All revision dates:

07/2016, 09/2013, 12/2011

Attachments:

[Notice of Privacy Practices](#)

Approval Signatures

Approver	Date
Johnn Cox: HIM Director	07/2016