

# HIPAA Notice of Privacy Practices

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## Emmitsburg Osteopathic Primary Care Center

121-123 W. Main Street, Rear  
P.O. Box 1219  
Emmitsburg, MD 21727  
Telephone (301) 447-3310 / Fax (301) 447-5851

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

By the 1996 Health Privacy Act, HIPAA (Health Insurance Portability and Accountability Act), we are required to maintain the privacy of your medical information and provide to you this Privacy Notice describing our privacy practices. We are required to abide by the terms of this Privacy Notice, as it is modified from time to time. Copies of revised Privacy Notices will be available by request through our Privacy Compliance Officer or by visiting our Web site: <http://www.osteopathicprimarycarecenter.com>

This Privacy Notice details the practices, rights and obligations related to the use and disclosure of your protected medical information. This Notice applies to EOPCC, its programs, staff, Board members, volunteers, students and other providers involved in your immediate care. This Notice and the privacy practices described in it apply to your medical information regardless of where the information is maintained or collected, as well as where you receive services. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **1. Uses and Disclosures of Protected Health Information** *(How we may use or disclose your medical information):*

We are permitted or required to use your medical information for many reasons, such uses fall within the following categories:

**Treatment:** We may use and disclose protected health information about you in order to ensure that you receive proper medical treatment. We may disclose protected health information about you to doctors, nurses, therapists, technicians, medical students and other personnel who are involved with your continuing care and treatment. This includes offices of consulting physicians and emergency room staff. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has necessary information to diagnose or treat you.

**Payment:** We may use and disclose protected health information about you as needed to obtain payment for health care services rendered to ensure that you receive proper medical treatment. When billing your insurance company your diagnosis and care will be coded and sent to the insurance company. Disclosure is also needed for some insurance pre-authorization for certain medical treatments and emergency visits. We may also disclose your protected health information to another entity that is covered by the privacy regulations or a health care provider for that entity's payment activities.

In addition, we may release medical information about you, or discuss your health and health status with/or in the presence of a family member or close personal friend who is involved in your medical care or payment for your care. If you are treated due to injuries resulting from a disaster, we may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have the right to restrict or object to any of the entities or disclosures.

**Healthcare Operations:** Healthcare operations are activities that are necessary to run and operate a health care program; to maintain licensure and accreditation, as well as to ensure our patients receive quality care.

We may use and disclose your protected health information to those who evaluate EOPCC and our staff. We may also use and disclose your protected health information to another entity covered by the privacy regulations for certain use of their healthcare operations if that entity also has a relationship with you. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician and appointment time. We may also call you by name in the waiting room when the physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We are required by law to obtain your authorization in writing prior to disclosure of your psychotherapy notes or in connection with certain marketing activities. **You have the right to revoke** any and all authorizations at any time in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Treatment Alternatives, Health-Related Benefits & Services:** We may use and disclose your protected health information to inform you about or recommend possible treatment options or alternatives that may interest you. In addition, we may use and disclose your protected health information to tell you about health-related benefits or services that may interest you.

**Fundraising Activities:** We may use and disclose your protected health information, to include your name, address, phone number and dates your received treatment or services in connection without fundraising efforts. If you do not wish for us to use or disclose your protected health information in this manner, please notify the medical secretary at any time.

**Research:** We may allow a research company to have access to your medical information strictly for research purposes only. All research projects are subject to a special approval process. This process evaluates a proposed research needs, with patients' need for privacy of their protected health information. No research will proceed without review.

**As Required by Law:** We will use and disclose your protected health information about you when required by local, state and federal law. This includes reporting to the authorities if we believe that a child or elder person may have been the victim of abuse or neglect. We may also be required to disclose your protected health information to the Secretary of the Department of Health and Human Services for disease reporting or review of our compliance with this Privacy Notice.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and to the safety and health of the public or another person. This disclosure would only be to someone able to prevent the threatened harm.

**Organ & Tissue Donation:** If you are an organ donor, we may release protected health information to organizations that handle organ and tissue procurement, transplantation and banking as necessary to facilitate their services.

**Workers' Compensation:** We may use and disclose your protected health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses as required or permitted by law.

**Public Health Risks:** We may use and disclose your protected health information for public health activities: 1) to prevent or control disease, injury or disability; 2) to report births and deaths; 3) to report child abuse and neglect; 4) to report reactions to medication or problems with products; 5) to notify people of recall or products that they may be using; 6) 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; 7) to notify the appropriate government authority if we believe you have been the victim or abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may use and disclose your protected health information to a health oversight agency for activities authorized by law. This includes audits, investigations, inspections and licensure. These activities are

necessary for the government to monitor the health care system, government programs and compliance with civil right laws.

**Lawsuits and Disputes:** We may use and disclose your protected health information 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, 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 use and disclose your protected health information if asked to do so by a law enforcement official: 1) as required by laws that require use to report certain types of wounds or other injuries; 2) in response to a court order, subpoena, warrant, summons or similar process; 3) to assist law enforcement in identifying or locating a suspect, fugitive, material witness or missing person; 4) about a death we believe may be the result of criminal conduct; 5) with your agreement if you are the victim of a crime and under certain limited circumstance without your agreement; 6) to report a crime, its victims, its location or the perpetrator of the crime.

**Coroners, Medical Examiners & Funeral Directors:** We may use and disclose your protected health information to the mentioned individuals to determine the cause of death and to carry out their duties.

**Government:** We may use and disclose your protected health information as required by military command authorities if you are a member of the armed forces. We may also release medical information about foreign medical personnel to the appropriate foreign military authority. We may also release medical information about you to authorized Federal officials for intelligence, counterintelligence and other national security activities authorized by the law. We may also disclose protected health information to authorized Federal officials to protect the President, foreign heads of state or to conduct special investigations. We may release protected medical information about you to correctional institutions or law enforcement officials if it is necessary to: 1) allow the correctional institution to provide you with healthcare; 2) to protect your health and safety or the health and safety of others; 3) or for the safety and security of the correctional institution.

**Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.**

## **YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information.** Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. You may be denied this right if you are an inmate and your protected health information would compromise your health, safety, custody or rehabilitation or that of another. You may be denied medical research information until after the research is completed. Your request may also be denied if the desired information is protect by the Privacy Act or if obtained under a promise of confidentiality.

Your request to inspect and copy your protected health information must be submitted in writing to:

**Privacy Officer  
Emmitsburg Osteopathic Primary Care Center  
P.O. Box 1219  
Emmitsburg, MD 21727**

A denial can be reviewed if you are denied your protected health information 1) because a health care professional determines that providing you with access may endanger your life or physical safety or that of another; 2) if you are the personal representative of a patient, and a licensed health care professional has determined that your access to information about the patient is likely to cause substantial harm to the patient or another person. Your request for review of the denial of access will then be reviewed by a health care professional who was not involved in the initial decision to deny access.

**Right to Amend:** If you feel that your medical information is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as long as the information is kept by or for the health care provider. In your written request you must explain why you believe that the protected health information is incorrect or incomplete. We cannot amend information not created by us or if it is not part of the medical information kept by us, or if it is not in part of the information that you would be permitted to inspect and copy. The information accuracy and completeness should be verified.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Right to an Accounting of Disclosures:** You have the right to request and receive from us a list of our disclosures of your protected health information. Exceptions include: 1) disclosures to carry out your treatment, payment for your care and our health care operation; 2) disclosures to you or with your written authorization; 3) disclosures for facility directories or to a person involved in your care (if you did not object to being included in the directory or involving others in your care); 4) disclosures for national security or law enforcement officials; 5) disclosures made in accordance with your authorization; 6) disclosures that occurred prior to April 14, 2003.

**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 health care operation. You have the right to request a limit of the protected health information we disclose about you to someone who is involved in your care or the payment for your care, including a family member or friend. In your written request you must tell us, 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; 3) to whom you want the limits to apply: e.g. Spouse.

This office is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively i.e. electronically, or through our Web site:

<http://www.osteopathicprimarycarecenter.com>

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

### **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. **We will not retaliate against you for filing a complaint.**

If you have any questions about this notice or need to submit a written request to EOPCC, contact our privacy office at the following address or phone number:

**Privacy Officer  
Emmitsburg Osteopathic Primary Care Center  
P.O. Box 1219  
Emmitsburg, MD 21727**

This notice was published and becomes effective on/or before **April 14, 2003.**

