

Patient Privacy Information

Chapel View Family Care (CVFC) is committed to protecting your health information. Our Notice of Privacy Practices explains how all members of CVFC will safeguard your privacy.

Our Pledge Regarding Your Medical Information

Chapel View Family Care (CVFC) is committed to protecting the privacy of medical information we create or obtain about you. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to: (i) make sure your medical information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your medical information; and (iii) follow the terms of the Notice that is currently in effect.

Who will Follow This Notice

The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, trainees, students and volunteers of the Chapel View Family Care organization specified at the end of this Notice.

How We May Use and Disclose Medical Information About You

The following sections describe different ways we may use and disclose your medical information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted

to use and disclose information, however, will fall within one of the following categories:

Treatment: We may use or disclose medical information about you to provide you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also share medical information about you with other medical personnel or non-CVFC health care providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays, or transportation.

Payment: We may use and disclose medical information about you so that the treatment and services you receive at CVFC or from others, such as an ambulance company, may be billed to you and payment collected from you, an insurance company or another third party. For example, we may need to give information to your health insurance company about care you received at CVFC so your health insurance company will pay us or reimburse you for the care.

Health care operations: We may use and disclose medical information about you for CVFC operations. These uses and disclosures are made to enhance quality of care and for medical staff activities, CVFC health-sciences education and other teaching programs, and general business activities. For example, we may disclose information to doctors, nurses, technicians, medical and other students, and other CVFC

personnel for performance improvement and educational purposes or we may share information with CVFC corporate security to maintain the safety of our facilities.

Health information exchange: We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through the Chesapeake Regional Information System for Our Patient, Inc. (CRISP), a regional Internet-based health information exchange. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-CVFC primary care physician or hospital, if they participate in CRISP as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax, or through their website at crisphealth.org. Even if you opt-out of CRISP, public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers as permitted by law.

Other activities: We may contact you to provide information about CVFC-sponsored activities, including events to support research, education or patient care at CVFC. For this purpose, we may use your contact information, such as your name, address,

phone number, the dates on which and the department from which you received treatment or services at CVFC, your treating physician's name, your treatment outcome and your health insurance status. If we do contact you for other activities, the communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as an "opt-out."

Research and related activities: CVFC may conduct research to improve the health of people throughout the world. All research projects conducted by CVFC must be approved through a special review process to protect patient safety, welfare and confidentiality. We may use and disclose medical information about our patients for research purposes under specific rules determined by the confidentiality provisions of applicable law. In some instances, federal law allows us to use your medical information for research without your authorization, provided we get approval from a special review board. These studies will not affect your treatment or welfare, and your medical information will continue to be protected.

Additional uses and disclosures of your medical information: We may use or disclose your medical information without your authorization (permission) to the following individuals, or for other purposes permitted or required by law, including:

- To tell you about, or recommend, possible treatment alternatives
- To inform you of benefits or services we may provide
- In the event of a disaster, to organizations assisting in a disaster-relief effort so that your family can

be notified of your condition and location

- As required by state and federal law
- To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person
- To authorized federal officials for intelligence, counterintelligence or other national security activities
- To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties
- To the military if you are a member of the armed forces and we are authorized or required to do so by law
- For workers' compensation or similar programs providing benefits or work-related injuries or illnesses
- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
- If you are an organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation or donation
- To governmental, licensing, auditing and accrediting agencies
- To a correctional institution as authorized or required by law if you

are an inmate or under the custody of law-enforcement officials

- To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance and legal services
- Unless you say no, to anyone involved in your care or payment for your care, such as a friend, family member, or any individual you identify
- For public health purposes
- To courts and attorney's when we get a court order, subpoena or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us
- To law enforcements officials as authorized or required by law

Other uses of medical information

Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization. Most uses and disclosures of psychotherapy notes and most uses and disclosures for marketing purposes fall within this category and require your authorization before we may use your medical information for these purposes. Additionally, with certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your medical information about you. You may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal

are not affected by your action and we cannot take back any disclosures we may have already made with your authorization.

Your Rights Regarding Medical Information About You

The records of your medical information are the property of CVFC. You have the following rights, however, regarding medical information we maintain about you:

Right to inspect and copy: With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about you. You have the right to request that we send a copy of your medical or billing records to a third party. You are required to submit your request in writing to your caregiver or the appropriate medical records department. We may charge you a reasonable fee for providing you a copy of your records. We may deny access, under certain circumstances. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

Right to request an amendment: 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 CVFC in your medical and billing records or any other of our records that are used by us to make decisions about you. You are required to submit your request in writing to the CVFC Privacy Offices as explained at the end of this Notice, with an explanation as to why the amendment is needed. If we

accept your request, we will tell you we agree and we will amend your records. We cannot change what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete medical information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights. We may deny your request if the medical information (i) was not created by CVFC (unless the person or entity that created the medical information is no longer available to respond to your request); (ii) is not part of the medical and billing records kept by or for CVFC, (iii) is not part of the information in which you would be permitted to inspect and copy; or (iv) is determined by us to be accurate and complete.

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 operations. To request a restriction, you must inform us in writing using the contact information listed at the end of this Notice. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so. If you request that we not disclose certain medical information to your health insurer and that medical information relates to a health care product or service for which we, otherwise, have received payment from you or on your

behalf, and in full, then we must agree to that request.

Right to request confidential

communications: You have the right to request that we communicate with you about medical matters in a certain way or certain location. If you want us to communicate with you in a special way, you will need to give us details about how to contact you. You also will need to give us information as to how billing will be handled. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Right to be notified in the event of a

breach: We will notify you if your medical information has been “breached,” which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

Right to a paper copy of this Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Copies of this Notice will be available by contacting CVFC as explained at the end of this Notice.

Future Changes To Chapel View Family Care Privacy Practices and This Notice

We reserve the right to change CVFC’s privacy practices and 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.

Use of e-mail: If you choose to communicate with us via email, we may respond to you in the same manner in which the communication was received and to the same email address from which you sent your email. Before using email to communicate with us, you should understand that there are certain risks associated with the use of email. It may not be secure, which means it could be intercepted and seen by others. In addition, there are other risks associated with use of email, such as misaddressed/misdirected messages, email accounts that are shared with others, messages that can be forwarded on to others, or messages stored on portable electronic devices that have no security. Additionally, you should understand that use of email is not intended to be a substitute for professional medical advice, diagnosis or treatment. Email communications should never be used in a medical emergency.

Questions or Complaints: If you believe that your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us. Please send any complaint to the CVFC Office at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. ***You will not be penalized for filing a complaint.***

CRISP

Our Notice of Privacy Practices identifies that our CVFC health care participates in the Chesapeake Regional Information System for our Patient, Inc. (Crisp), a regional state mandated Internet-based health information exchange. We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through CRISP.

For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-CVFC primary care physician or hospital, if they participate in CRISP as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax, or through their website at crisphealth.org. Even if you opt-out of CRISP, public health reporting and Controlled Dangerous Substances Information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers as permitted by law.

If you have questions or would like further information about this Notice, please contact:

CVFC Privacy Office

9524 Belair Road

Baltimore, MD 21236