

# 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 it carefully.

UPDATED NOVEMBER 2022



Frederick  
Health

YOUR COMMUNITY OF CARE



## Who Will Follow This Notice

Frederick Health Hospital, Inc. (the “Hospital”) is a healthcare provider that provides care to patients jointly with physicians and other healthcare professionals and organizations. The privacy practices described in this notice will be followed by the Hospital including Frederick Health Home Care and Frederick Health Hospice, as well as its affiliated medical practice known as Frederick Health Medical Group, LLC, with which the Hospital is an affiliated covered entity under Frederick Health, Inc.

This notice applies to any health care professional who treats you at any of our locations, all employees, our Medical Staff and its members, other personnel, trainees, students or volunteers at any of our locations, and any of our business associates (which are described further below).

The Hospital, its organized Medical Staff, and all of the Medical Staff’s members are part of an organized health care arrangement, together with other persons and entities described above. We may share information with other members of this organized health care arrangement as permitted by law.

When this notice refers to “we” or “us” (or uses other similar terms), it is referring to the Hospital and each of the entities or persons described above.

## Our Pledge Regarding Your Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at the Hospital and our other locations to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care generated or received by us, whether made by us. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office.

The following sections describe the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to:

1. **Make sure that medical information that identifies you is kept private, and will be used or disclosed only as described by this Notice or applicable law;**
2. **Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and**
3. **Follow the terms of the Notice that is currently in effect.**

## How We May Use And Disclose Medical Information About You

The following categories describe different ways that we may use and disclose your medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

### For Treatment

We will use medical information about you to provide you with medical treatment or services, and may disclose medical information about you to hospital or other personnel who are involved in taking care of you. 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, such as family members, care coordinators or others we use to provide services that are part of your care, such as therapists or physicians.

## **For Payment**

We will use and disclose medical information about you so that the treatment and services you receive at the hospital or at our other locations 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 of two or more health plans has the responsibility to make payment for your care.

## **For Healthcare Operations**

We will use and disclose medical information about you for our healthcare operations. These uses and disclosures are necessary to run the Hospital and its affiliated covered entities 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 and others. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer or discontinue, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other hospital personnel for review and learning purposes.

## **Health Information Exchanges**

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 Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care, current medical conditions, and medications can be available to us and your non-Frederick Health physician or hospital if we participate in the same HIE. Exchange of health information through HIEs can provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from other participating providers involved in your care.

We participate in the Chesapeake Regional Information System for Our Patients ("CRISP"), a regional health information exchange. As permitted by law, your health information will be shared with CRISP in order to facilitate the secure exchange of your electronic health information between health care providers and other health care entities for your treatment, payment, care coordination or other health care operation purposes. 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](http://www.crisphealth.org). We are not CRISP and cannot submit your opt-out should you decide to opt-out.

We may also participate in other HIEs from time to time. You may choose to "opt-out" of these other HIEs by contacting medical records 240-566-3444.

## **Health-Related Benefits and Services**

We may contact you to provide information about our services and health improvement education. We may send newsletters, or contact you by other means regarding treatment options, disease management programs, wellness programs, or other community based activities.

## **Fundraising Activities**

We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for us, and you will have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand and improve the services and programs we provide to the community. Your decision to receive or decline solicitations has no effect on your treatment or payment for the services we provide.

## **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. These studies will not affect your treatment and your medical information will be protected.

## **Business Associates**

We contract with business associates to provide some services. Examples include reference labs, billing entities, and the copy service used to make copies of your health record. When these services are contracted, we may/will disclose your health information to our business associates so that they may perform the job we have asked them to do. To protect your health information, we require the business associates to appropriately safeguard your information.

We may also use or disclose your medical information in the following circumstances. However, except in emergency situations, you have the opportunity to object to the uses and disclosures described below, either in general or to any specific person or persons to whom your medical information might otherwise be disclosed.

## **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. 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.

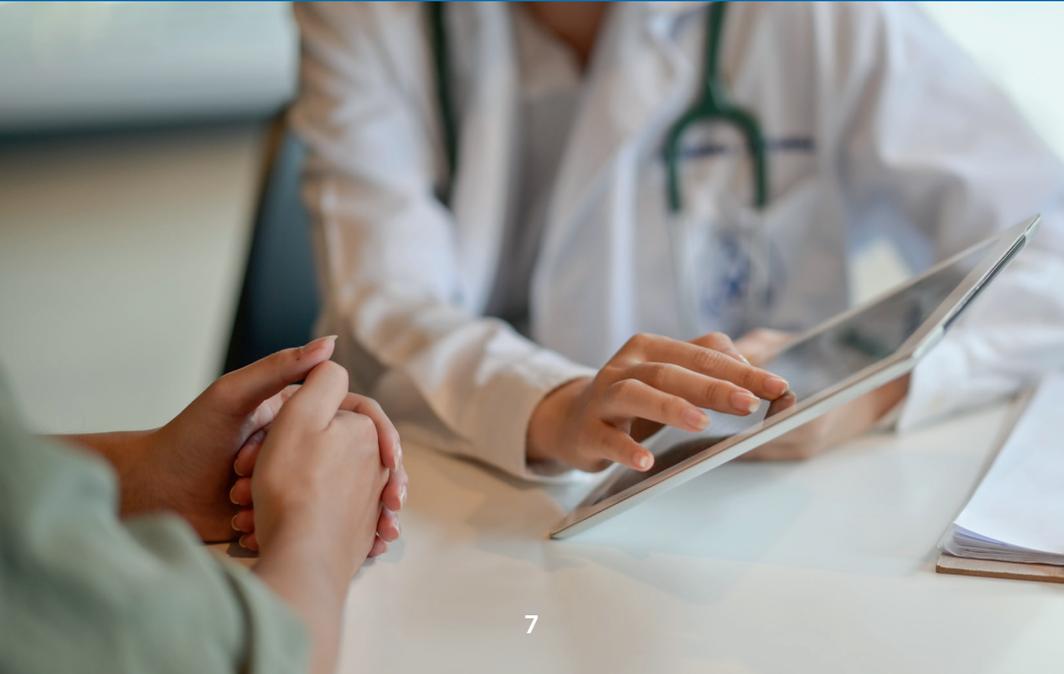
## **Individuals Involved in Your Care or Payment for Your Care**

We may release medical information about you to a friend or family member who is involved in your medical care or who has provided a power of attorney or a similar document to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical 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.

## SPECIAL SITUATIONS

We may also release your medical information in any of the following circumstances, as permitted by law:

- For specialized governmental functions, including to the military and veterans, national security, correctional institutions, and public benefit purposes.
- For Workers' Compensation or similar programs.
- 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 audits, investigations, inspections, and licensure.
- If you are involved in a lawsuit or a dispute, in response to a valid court or administrative order, subpoena or other lawful process, or in the course of defending ourselves.
- For certain law enforcement purposes, including when required 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.



## Written Authorization

Except as described above or as permitted by law, we will disclose your medical information only with your prior written authorization. Most uses of psychotherapy notes, certain uses and disclosures of your health information for marketing purposes, and any sale of your written medical information require your 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.

## Your Rights Regarding Medical Information About You

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

### Right to Inspect and Copy

With certain exceptions, you have the right to inspect and/or obtain a copy of your medical or billing or other records used to make decisions about your care. You must submit your request in writing to your caregiver or to our Medical Records Department, as applicable. You may request an electronic copy of your health information that is maintained by us in electronic designated record sets, and we will provide access in the electronic form and format requested if it is readily reproducible in the requested format. You may also request that we send your health information directly to a person you designate if your written request is signed, in writing and clearly identifies both the person designated and an address to send the requested information.

If you request a copy of the information, we may charge a reasonable fee for the cost of providing a copy of your records.

We may deny your request to inspect and copy medical information in certain very limited circumstances. You may request that the denial be reviewed by another licensed healthcare professional chosen by us. We will comply with the outcome of the review.

### Right 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 us. Your request must be made in writing and submitted to our Medical Records Department or to your physician for non-Hospital records. 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:

- 1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;**
- 2. Is not part of the medical information kept by or for us;**
- 3. Is not part of the information which you would be permitted to inspect and copy; or**
- 4. 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.

## **Right to an Accounting of Disclosures**

You have the right to request a list of the disclosures we have made of medical information about you in the six years prior to your request, 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 or for certain other disclosures.

You must submit your request in writing to the our Privacy Officer. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free, and we may charge you for additional lists within the same time period.

## **Right to Request Restrictions**

You also have the right to request a limit on the medical information we disclose about you for treatment, payment, or healthcare operations or to request a limit of 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.

Except as expressly stated below, we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment, in which case we will request that the provider not further use or disclose the information.

We are required to agree to your request to restrict certain disclosures of your health information to a health plan, but only if you pay (or someone other than the health plan pays on your behalf) out of pocket in full for the healthcare item or service about which the restriction is requested.

You must make your request in writing to the our 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. A request to restrict information to a health plan must specify the plan as well as the information you wish to restrict.

### **Right to Request 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. You will also need to inform us how billing will be handled. All reasonable requests will be granted. Contact our Privacy Officer if you require such confidential communications. If we are unable to contact you using your request, we may contact you using any information we have.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice at any time by requesting a paper copy from our Privacy Officer in writing.

### **Right to Notification of a Breach Concerning Your Health Information**

We will send notice to our last known address for you, of breaches of your health information, which means that your medical information has been used or disclosed inconsistent with law in a manner that could lead to it being compromised.

## Future 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. We will post a copy of the current notice online at [frederickhealth.org](http://frederickhealth.org).

This notice will contain the effective date on the first page. You may request a copy of an amended notice of privacy by contacting our Privacy Officer.

## Complaints about this Notice of Privacy Practices or how we handle your health information should be directed to:

Ms. Cathleen Casagrande  
Privacy Officer  
Frederick Health Hospital, Inc.  
400 West 7<sup>th</sup> Street  
Frederick, MD 21701  
240-566-3877

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201. You can also visit [hhs.gov/hipaa/filing-a-complaint/index.html](http://hhs.gov/hipaa/filing-a-complaint/index.html).

We will not retaliate against you for filing a complaint to our Privacy Officer or to the Department of Health and Human Services.



400 W 7<sup>th</sup> St  
Frederick, MD 21701

240-566-3622  
TDD 240-566-3700

[frederickhealth.org](http://frederickhealth.org)