



**Atlantic General Hospital / Health System**  
**Berlin, MD**  
**Notice of Privacy Practices**  
**Effective Date: November 1, 2015**

**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.**

**1. WHO WILL FOLLOW THIS NOTICE**

This notice describes Atlantic General Hospital and Atlantic General Health System's (AGH/AGHS) practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of the Hospital/Health System.
- Any member of the AGH Auxiliary (i.e., our volunteers) allowed to help you while you are in the hospital.
- All associates (employees), medical staff, contract staff, and other hospital personnel.

All these entities and people follow the terms of this notice. In addition, these entities and people may share medical information with each other for treatment, payment, or health care operations as described in this notice.

**2. OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a medical record of care and services you receive at AGH/AGHS. We file your AGH medical record using your social security number or other personal identifier. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of your records generated by the Hospital/Health System (made by Hospital personnel or your personal physician). Your personal physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office or clinic.

This notice will tell you about the ways in which AGH/AGHS may use and disclose your medical information. It also describes your rights and our obligations regarding the use and disclosure of medical information.

**We are required by law to:**

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your medical information.
- Follow the terms of this notice.

**3. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and/or disclose medical information. For each category, we will explain using 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 may use your medical information to provide you with medical treatment or services. We may disclose your medical information to physicians (who may or may not be members of the AGH/AGHS Medical Staff), nurses, technicians, medical/nursing/allied health students, or other hospital personnel who are involved in taking care of you at the Hospital/Health System. For example, a physician treating you for a broken leg may need to know that you have diabetes because diabetes can slow the healing process. The physician may tell a dietician you have diabetes so that he can arrange for appropriate meals. Different departments of the Hospital may share medical information about you in order to coordinate the different things you need, such as medicine, lab work, and x-rays. We may also disclose medical information about you to people involved in your care, such as a family member, family physician, clergy, or another institution that provides you care and/or services.
- For Payment.** We may use and disclose your medical information so that treatment and services you receive at AGH/AGHS may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan or insurance company medical information about an operation you had so that your health plan will pay us or reimburse you for the cost of the operation. We may tell your health plan (insurance company) about a treatment you are planning to receive in order to determine if your health plan will pay for the treatment. In addition, we may use and disclose medical information about you to others who provide services to you while you are in the Hospital/Health System (such as physicians, therapists, physician billing services, ambulance services, collection companies, etc.) so that they may bill for their services.
- For Health Care Operations.** We may use and disclose your medical information for hospital operations. These uses and disclosures are necessary to operate the Hospital/Health System and to make sure that all 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 patients to decide what additional services the Hospital/Health System should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose medical information to doctors, nurses, technicians, medical students, software vendors, and other hospital personnel for review, learning purposes, and technical computer support. We may combine AGH/AGHS medical information with medical information from other hospitals to compare our performance with them and determine areas for improvement in care and services. We may remove certain information (such as your name, date of birth, social security number, etc.) that identifies you from this set of medical information.

- ❑ **Appointment Reminders.** We may use and disclose your medical information to contact you for an appointment, treatment, or medical care at AGH/AGHS. For example, we may send you a reminder card in the mail or leave a message on your answering machine to remind you of an appointment. Additionally, we may call your name in a physician's office or hospital department waiting room to let you know that the doctor is ready for you. We may ask you to sign in on a general list so that we know you are present for your appointment. Please refer to the [Right to Confidential Communications](#) section of this Notice for more information.
- ❑ **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example, we may recommend/refer you to a specialist and thus communicate your medical information to that physician.
- ❑ **Health Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. For example, we may contact a community service such as a home health agency to provide care for you after you return home.
- ❑ **Fundraising and Marketing Activities.** We may use or disclose your information (name, address, telephone number, etc) and the dates that you received treatment from the Hospital or physician in order to contact you for our fundraising activities and marketing activities. If you do not want to receive these materials, please contact our Director of Development at 410-641-1100 and request that you no longer wish to be contacted for fundraising or marketing purposes.
- ❑ **Health Information Exchanges:** We participate in a health information exchanges (HIEs) called Chesapeake Regional Information System for our Patients, Inc. (CRISP) And Delaware Health Information Network (DHIN) to facilitate the secure exchange of your electronic health information between and among several health care providers and health care entities for your treatment, payment, other healthcare operations, and public health purposes, as permitted by law. This means we may share information we obtain or create about you with outside entities (such as hospitals, doctors offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information) so each of us can provide better treatment and coordination of your healthcare services. You may opt-out of CRISP and/or DHIN and prevent providers from being able to search for your information through the exchange. Even if you opt-out, a certain amount of information will be retained by the exchange. Your physician(s), may still access to diagnostic information about you, such as reports of imaging and lab results and he/she may still use CRISP's or DHIN's secure messaging services. To opt-out, you must contact CRISP and/or DHIN. The mailing address for CRISP is 7160 Columbia Gateway Drive, Suite 230, Columbia, MD 21046. The phone number is 1-877-95-CRISP (27477) and the fax number is 443-817-9587. Or, you can contact CRISP online at [www.crisphealth.org](http://www.crisphealth.org) to submit an opt-out form electronically. The mailing address for DHIN is 107 Wolf Creek Blvd Suite 2 Dover, DE 19901. The phone number is 1-866-439-3446 or you can contact DHIN online at [www.dhin.org](http://www.dhin.org) and submit an opt-out form electronically.
- ❑ **Hospital Directory.** We may include certain limited information about you in the Hospital's computer 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. Except for your religious affiliation, this information may 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 do not 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 to be listed in the Hospital Directory while you are a patient, you must contact our Registration Department at : 410-641-9200 or 410-641-1100
- ❑ **Individual 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. We may also tell your family or friends your condition and that you are in the hospital. For example, 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.
- ❑ **Research.** On occasion, a patient may choose to receive a recommended non-FDA approved drug protocol for experimental treatment. In this situation, we may disclose that patient's medical information to the manufacturer or study team for evaluation of the drug and the patient's response to treatment.
- ❑ **To Avert A Serious Threat to Health or Safety.** We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure would only be to someone able to help prevent the threat.
- ❑ **As Required By Law.** We will disclose medical information about you when required to do so by law. For example, we will provide medical information to the Health Department when we identify a patient who has been exposed to a reportable disease.

#### 4. SPECIAL SITUATIONS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION

The following categories describe different situations in which we may use and disclose medical information about you:

- ❑ **Organ and Tissue Donation.** We may release medical information to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
- ❑ **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- ❑ **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ❑ **Public Health Purposes.** We may disclose medical information about you for public health purposes. These purposes generally include the following:
  - ❑ To prevent or control disease, injury, or disability.
  - ❑ To report births and deaths.
  - ❑ To report child abuse or neglect.
  - ❑ To report reactions to medications or problems with products.
  - ❑ To notify people of recalls of products they may be using.
  - ❑ 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.
  - ❑ To notify the appropriate government authority if we believe a patient has been the victim of 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 disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ❑ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may be required to disclose medical information about you in response to a subpoena or court order. We may ask our lawyer(s) to review your medical information to assist us in legal matters involving your health care and privacy matters. We may also disclose medical information about you to someone else involved in the lawsuit in response to a subpoena, discovery request, or other lawful process.
- ❑ **Law Enforcement.** We may be required to release medical information if asked to do so by a law enforcement official:
  - ❑ In response to a court order, subpoena, warrant, summons, or similar process;
  - ❑ To identify or locate a suspect, fugitive, material witness, or missing person;
  - ❑ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - ❑ About a death we believe may be the result of criminal conduct;
  - ❑ About criminal conduct at the hospital; and
  - ❑ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
  - ❑ If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- ❑ **Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital, to funeral directors as necessary to carry out their duties.
- ❑ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ❑ **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- ❑ **Other Special Categories of Information including Mental Health.** Special legal requirements may apply to the use or disclosure of certain categories of information – e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. In addition, different rules may apply between the use and disclosure of medical information related to any general medical care and the use and disclosure of mental health care you may receive. Unless you request and receive a restriction (see below) on the use and disclosure of your mental health record, we may share your mental health record with your primary care physician and other health care clinicians if such disclosure is necessary to continue to care.

#### 5. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

- ❑ **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director of Health Information Management. If you request a copy of the information, we will charge you a fee for the costs of processing your request as established by Maryland law. The following records have been maintained, and can be delivered to you, electronically: Emergency Department records after 01.01.2009, inpatient records after 01.28.2013 and GICN records after 03.17.2008, Atlantic General Health System and Health Center records after 01.01.2007.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care 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.

**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 the hospital. We will respond to your request within 60 days.

To request an amendment, your request must be made in writing and submitted to the Director of Health Information. 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 Atlantic General Hospital/Health System, i.e., information from another health care facility or physician.
- Was created by an associate or physician who is no longer available to make the amendment;
- Is not part of the medical information maintained by Atlantic General Hospital/Health System;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This list of disclosures will not include releases of your medical information for the purposes of treatment, payment, or health care operations as described in this notice.

To request this list of accounting of disclosures, you must submit your request in writing to the Director of Health Information Management. Your request must state a time period no longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically, etc.). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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. “Accounting of disclosures” refers to release of your medical information for purposes OTHER than treatment, payment, or health care operations. Additionally, an accounting of disclosures will NOT include releases that you have authorized AGH to process. Some examples of health care operations are quality assessment and improvement, activities related to improving health or reducing health care costs, protocol development, case management, evaluation of competencies and performance, federal and state reporting, fraud and abuse detection and compliance programs, business planning and development, and resolution of internal grievances. Releases of information for health care operations will not be included in a list of accounting of disclosures.

**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. 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. For example, you could ask that we not use or disclose information about a surgery that you had. You cannot request a restriction on releases of information done prior to the date that we receive your request.

- 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 Director of Health Information at Atlantic General Hospital. 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.
- You have the right to restrict disclosure of your information to your health care or insurance plan, if you, or someone else on your behalf, has paid your bill in full. You must notify us of this restriction by contacting the Privacy Officer for AGH/HS at 410-641-9614 or by notifying your doctor’s front office or hospital registrar at the time of your visit.

**Right to Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Director of Health Information Management. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Additionally, if you are in a reception area with others and are waiting to be called for a physician’s appointment, medical testing, or Emergency Department evaluation, you may request that we not call you name aloud or request that you not be required to sign in for your appointment. You may direct these requests to the physician’s office receptionist or the Hospital’s Registration Department.

- ❑ **Right to withhold Authorization.** Many disclosures of your health information require your authorization, for example, if you receive psychotherapy treatment, or a third party wants to purchase information about you for sales or marketing, these disclosures would usually require your specific authorization for that purpose. You can agree, or deny authorization at your discretion; it is our policy not to sell patient information under any circumstances.
- ❑ **Right to Notice of Breach.** You have a right to be notified if we become aware that your health information has been improperly disclosed. We will disclose this unless a risk assessment demonstrates that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. The notice will include information about what happened and what can be done to mitigate any harm.
- ❑ **Right to Receive This Notice.** You have a right to receive a copy of Atlantic General Hospital's Notice of Privacy Practices. At the time you register for services at Atlantic General Hospital, we will ask you to initial a statement that acknowledges we made available to you our Notice of Privacy Practices. You may also receive a copy of this notice at our web site, [www.atlanticgeneral.org](http://www.atlanticgeneral.org).

#### **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 in the hospital. The notice will contain on the last page, in the bottom left-hand corner, the effective date. In addition, each time you register at or are admitted to Atlantic General Hospital/Health System for inpatient or outpatient services, we will require your signature verifying that you have received our current Notice of Privacy Practices.

#### **COMPLAINTS**

- ❑ If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of Health and Human Services. To file a complaint with the Hospital/Health System, contact the Director of Health Information Management.  
**You will not be penalized for filing a complaint.**

- ❑ All complaints must be submitted in writing to:

Atlantic General Hospital/Health System  
ATTN: Director of Medical Records / Privacy Officer  
9733 Healthway Drive  
Berlin, MD 21811

**OR TO:**

Office for Civil Rights  
US Department of Health and Human Services  
150 S. Independence Mall West, Suite 372, Public Ledger Building  
Philadelphia, PA 19106-9111

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**EFFECTIVE DATE: November 16, 2015**

**VERSION #: 11.15**