



Notice of Privacy Practices (NPP)

"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."

The terms of this Notice of Privacy Practices apply to PENINSULA REGIONAL MEDICAL CENTER operating as a clinically integrated health care arrangement composed of Peninsula Regional Medical Center, the physicians, other licensed professionals seeing and treating patients at this Medical Center, Urgent Care, and the Peninsula Regional Medical Group Offices. The members of this clinically integrated health care arrangement work and practice at Peninsula Regional Medical Center. All of these entities and persons listed will share personal health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by Federal law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices upon request each time you come to our facility for treatment, *or* at the Health Information Management Department *or* a copy may be obtained by mailing a request to Department of Health Information Management, 100 East Carroll Street, Salisbury, MD 21801.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Uses and Disclosures for Treatment: We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for nutritional counseling. We also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and diagnostic testing. We may also disclose health information about you to people who may be involved in your medical care such as family members, clergy, rehabilitation centers, etc.

Psychotherapy Notes: An authorization is required for uses and disclosures of psychotherapy notes.

Uses and Disclosures for Payment: We will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations: We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our patients. We may also combine health information about many PRMC patients to decide what additional services our organization should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, nursing and medical students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other similar organizations to compare how we are doing and see where we may make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

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 Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-Peninsula Regional Medical Center primary care physician or hospital, if they participate in the HIE 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.

Peninsula Regional Medical Center participates in regional and statewide internet-based health information exchanges (HIE) including the medical center sponsored exchange and patient portal *myPenCare* in conjunction with RelayHealth and the Chesapeake Regional Information Systems for our Patients, Inc. (*CRISP*), a statewide health information exchange. The exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions. As a participant of CRISP, we share information that we obtain or create about you with health care providers for treatment and public health purposes, as permitted by law. Protecting patient information in *myPenCare* and CRISP HIE are a priority. The exchanges follow all state and federal privacy and security laws to protect patient health information. The Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security and Breach Notification Rules are the main Federal laws that protect your health information. Peninsula Regional, RelayHealth and CRISP consider the privacy and security protections outlined by these laws to be minimum standards. While there are many benefits to participating in an HIE, the exchange of information electronically has associated risks. Potential risks include: errors in clinical data, breach of information and inappropriate use. Peninsula Regional and CRISP are confident that many of these risks are mitigated by protections and security processes that are in place. You may choose not to register and establish an account to access the *myPenCare* patient portal and your on-line personal health record. You may also opt-out of CRISP and prevent providers from being able to search for your information through the statewide exchange. In either case, if you do not register with *myPenCare* or you opt-out of CRISP, your physician(s) if affiliated with Peninsula Regional or if participating in CRISP, may access diagnostic information about you, such as lab results, and refer you to other providers with secure messaging. You may "opt out" and prevent searching of your health information held in CRISP by completing and submitting an Opt-Out Form to CRISP by

mail, fax or online you may do so 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. For additional information regarding myPenCare and RelayHealth, visit www.mypencare.org.

The Hospital Directory: We maintain a facility directory listing the name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, will be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy. Except in an emergency, you have the right to have your information excluded from this directory and also to restrict what information is provided and/or to whom.

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.

Family and Friends Involved in Your Care: With your approval, we may disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain components of your personal health information to one or more of these outside persons or organizations that assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Fundraising: We may use limited health information about you to contact you to donate to a fundraising effort for or on our behalf. When we contact individuals to raise funds for our organization, we will also include a notice of such intentions and their right to opt out of such communications. You may also do so by sending your name and address to the President of the Foundation, 100 East Carroll Street, Salisbury, MD, 21801, together with a statement that you do not wish to receive fundraising communications from us.

Appointments and Services: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Treatment alternatives: We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services: We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose health 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. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs.

Marketing: We may contact or send you information about new programs, services or events about our own products or services that may be of interest to you. You have the right to request that we not send you any of these materials in the future and we will use our best efforts to honor such requests. You may make the request by sending your name and address to the Director of Community Relations/Marketing, 100 East Carroll Street, Salisbury, MD, 21801, with your request to be removed from our marketing mailing lists. In general we must obtain your authorization for any use or disclosure of your medical information for any other marketing purposes, except for face-to-face communications between us or when we provide you with a promotional gift of a nominal value.

Sale: We will never sell your information unless you give us written authorization.

Other Uses and Disclosures: We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. These include activities such as: required reporting of disease, injury, birth and death, and for required public health investigation. We may release your personal health information for any purpose required by law. We may release your personal health information for public health, if we suspect child abuse or neglect, if we believe you to be a victim of abuse, neglect, or domestic violence. We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls. We may release your personal health information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer. We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings. We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request. In most cases you will have notice of such release. We may release your personal health information to law enforcement officials as required by law to report wounds, injuries and crimes. We may release your personal health information to coroners and/or funeral directors consistent with the law. We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you. We may release your personal health information if you are a member of the military as required by the armed forces services. We may also release your personal health information, if necessary, for national security or

intelligence activities. 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 in certain circumstances where we are informed that the disclosure is necessary, such as to protect your safety or to protect the safety of other inmates or employees at a correctional institution. And we may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

Uses and Disclosures Not Described in this NPP. A written authorization is required for any uses and disclosures not addressed within this NPP. If you agree to provide a written authorization for the use or disclosure of your medical information, you can later revoke that authorization at any time, except to the extent that it has already been relied on.

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information: The records of your medical information are the property of Peninsula Regional Medical Center. You have the right to a copy and/or to inspect the personal health information that we retain on your behalf. If we maintain your medical record information electronically, you may obtain a copy in an electronic format or in paper form. All requests for access must be made in writing and signed by you or your legal representative. Except where prohibited by law, you will be charged a nominal fee consistent with the Maryland Statutes. (MD Health Gen. 4-304 4-301(k)(5), MD Code Ann., Health Gen. 4-304) You may obtain an access authorization form from the Health Information Management Department. We may deny your request in certain very limited circumstances, and you may be permitted to request a review of the denial.

Amendments to Your Personal Health Information: You have the right to request in writing that personal health information that we maintain about you be amended or corrected.

All amendment requests, in order to be considered by us, must be in writing, signed by you or your legal representative, and must state the reasons for the amendment/correction request. If an amendment /correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the Health Information Management Department. We may deny your request for amendment in certain circumstances, such as if the information is not maintained by us, or we determine that your record is accurate. You may submit a written statement of disagreement if we decide not to amend your record.

Accounting for Disclosures of Your Personal Health Information: You have the right to receive an accounting of certain disclosures made by us of your personal health information for six years prior to the date you ask. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the Health Information Management Department. The first accounting in any 12-month period is free; you will be charged a reasonable cost-based fee for any subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Personal Health Information: You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. Except as described below for disclosures to a health plan, we are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction to sending such termination notice to Health Information Management Department.

Right to Restrict Release of Information to a Health Plan for Certain Services: You have the right to restrict the disclosure of information for payment or health care operations of a health plan regarding healthcare item or service for which you or someone other than the health plan have paid in full or on an out of pocket basis.

Right to Receive Confidential Communications: You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing by providing a written request to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

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 throughout Peninsula Regional Medical Center, or by contacting the Peninsula Regional Medical Center Privacy Office as explained at the end of this Notice, or you may obtain an electronic copy at the Peninsula Regional Medical Center website, <https://www.peninsula.org>.

Complaints: If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, in writing at Peninsula Regional Medical Center, 100 East Carroll Street, Salisbury, MD 21801. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Ave., S.W., Washington D.C., 20201. We will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION: If you have questions or need further assistance regarding this Notice, you may contact the Executive Director of Health Information Management, 100 East Carroll Street, Salisbury, MD 21801 at (410) 543-7194 or send request via email to healthinformation@peninsula.org. As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE: This Notice of Privacy Practices is effective July, 2017.

