

# Prince George's County Health Department, Maryland and Your Health Information

## NOTICE OF PRIVACY PRACTICES

*Effective Date: This notice is effective April 14, 2003.*

**This Notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review carefully.**

### Safeguarding Your Protected Health Information

The Prince George's County Health Department (PGCHD) is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, PGCHD will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record and legally regulated as health information, may be used for a variety of purposes. PGCHD is required to follow the privacy practices described in this Notice, although PGCHD reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from any PGCHD program. It is also posted on our website at <http://www.princegeorgescountymd.gov/health>.

### How PGCHD May Use and Disclose Your Protected Health Information

PGCHD employees will only use your health information when doing their jobs. For uses beyond what PGCHD normally does, PGCHD must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

#### Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

**For treatment:** PGCHD may use or share your health information to approve, deny treatment and to determine if your medical treatment is appropriate. For example, PGCHD health care providers may need to review your treatment plan with your health care provider for medical necessity or for coordination of care.

**To obtain payment:** PGCHD may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you.

**For health care operations:** PGCHD may use and share your health information to evaluate the quality of services provided, or to our state or federal auditors.

#### Other Uses and Disclosures of Health Information Required or Allowed by Law:

**Information purposes:** Unless you provide us with alternative instructions, PGCHD may send appointment reminders and other materials about the program to your home.

**Required by law:** PGCHD may disclose health information when a law requires us to do so.

**Public health activities:** PGCHD may disclose health information when PGCHD is required to collect or report information about disease or injury, or to report vital statistics to other divisions in the department and other public health authorities.

**Health oversight activities:** PGCHD may disclose your health information to other divisions in the department and other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.

**Coroners, medical examiners, funeral directors and organ donations:** PGCHD may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.

**Research purposes:** In certain circumstances, and under supervision of our Institutional Review Board or other designated privacy board, PGCHD may disclose health information to assist medical research.

**Avert threat to health or safety:** In order to avoid a serious threat to health or safety, PGCHD may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**Abuse and neglect:** PGCHD will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. PGCHD may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Specific government functions:** PGCHD may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

**Families, friends or others involved in your care:** PGCHD may share your health information with people as it is directly related to their involvement in your care or payment of your care. PGCHD may also share health information with people to notify them about your location, general condition, or death.

**Worker's Compensation:** PGCHD may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

**Patient directories:** The health plan under which you are enrolled does not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.

**Lawsuits, disputes and claims:** If you are involved in a lawsuit, a dispute, or a claim, PGCHD may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

**Law enforcement:** PGCHD may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

### **You Have a Right To:**

**Request restrictions:** You have a right to request a restriction or limitation on the health information PGCHD uses or discloses about you. PGCHD will accommodate your request if possible, but is not legally required to agree to the requested restriction. If PGCHD agrees to a restriction, PGCHD will follow it except in emergency situations.

**Request confidential communications:** You have the right to ask that PGCHD send you information at an alternative address or by alternative means. PGCHD must agree to your request as long as it is reasonably easy for us to do so.

**Inspect and copy:** You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**Request amendment:** You may request in writing that PGCHD correct or add to your health record. PGCHD may deny the request if PGCHD determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If PGCHD approves the request for amendment, PGCHD will change the health information and inform you, and will tell others that need to know about the change in the health information.

**Accounting of disclosures:** You have a right to request a list of the disclosures made of your health information after April 14, 2003. Exceptions are health information that has been used for treatment, payment, and operations. In addition, DHMH does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officials or correctional facilities. There will be no charge for up to one such list each year.

**Notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

### **For More Information**

This document is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact: Compliance Officer, Prince George's County Health Department at 301-883-7818.

### **To Report a Problem about our Privacy Practices**

If you believe your privacy rights have been violated, you may file a complaint.

- You can file a complaint with the Department of Health and Mental Hygiene, Division of Corporate Compliance at 1-866-770-7175.
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may call the Department of Health and Mental Hygiene for the contact information. PGCHD will take no retaliatory action against you if you make such complaints.

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## **Providers:**

*Ensure that an attempt is made to obtain an acknowledgement signature.*

*See Form HIPAA-1 Page 3 of 3 Pages*

**ACKNOWLEDGEMENT OF RECEIPT OF FORM HIPAA-1 / HIPAA-1S  
NOTICE OF PRIVACY PRACTICES**

**ACKNOWLEDGEMENT OF RECEIPT OF  
FORM HIPAA-1/HIPAA-1S  
NOTICE OF PRIVACY PRACTICES  
(English/Spanish)**

Name \_\_\_\_\_

HD Number \_\_\_\_\_

Service Unit \_\_\_\_\_

**Providers: Ensure that an attempt is made to obtain an acknowledgement signature.**

**I acknowledge receipt of Form HIPAA-1 Notice of Privacy Practices**

\_\_\_\_\_  
*Patient or Authorized Representative*

\_\_\_\_\_  
*Date*

**Reason signed acknowledgement not obtained by provider:**

\_\_\_\_\_

\_\_\_\_\_  
*Signature of PGCHD Staff / Title*

**Confirmo que he recibido esta Nota de Prácticas de Privacidad:**

\_\_\_\_\_  
*Firma del Paciente o Representante Autorizado*

\_\_\_\_\_  
*Fecha*

**Reason signed acknowledgement not obtained by provider:**

\_\_\_\_\_

\_\_\_\_\_  
*Signature of PGCHD Staff / Title*