



Multidisciplinary and Integrated Healthcare
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.

Effective Date August 25, 2016

This Notice describes how MetroHealth may use and disclose health information about you in providing services to you. It also explains your legal rights regarding your health information. By "health information", we mean information that identifies you and relates to your medical history, care, or payments made for that care.

How do we use and disclose health information?

When you visit us for health care services, we use and disclose your health information for the normal business activities that the law sees as falling in the categories of treatment, payment, and health care operations. Below we provide examples of those activities, although not every use or disclosure falling within each category is listed:

Treatment – We keep a record of each of your appointments. This record may include your diagnoses, medications, and your response to medications or other therapies. We disclose this information so that doctors, counselors, psychologists, nurses, and / or other staff and entities such as laboratories can meet your needs. For example, a counselor treating you for depression may need to know if you have diabetes because insulin needs may be altered by other medications.

Payment – We document the services you receive at each visit so that you, your insurance company, or another third party can pay us. We may tell your health plan about upcoming treatment or services that require their prior approval. For example, we may need to give your health plan information about services you received so your health plan will pay us or reimburse you for the treatment services.

Health Care Operations – Health information is used to improve the services we provide, to train staff and students, for business management, quality improvement, and for customer service. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Other Uses and Disclosures - We may also use information to:

- Recommend treatment alternatives.
- Tell you about health-related products and services.
- Communicate with other related organizations or associates for treatment, payment, or health care operations.
- Provide information to our business associates that provide us with assurances that they will safeguard your information.
- Comply with federal, state, or local laws that require disclosure.
- Avert a serious threat to health or safety.
- Assist in public health activities such as tracking diseases or medical devices.
- Inform workers' compensation carriers or your employer if you are injured at work [and are making a claim for workers' compensation].
- Inform authorities to protect victims of abuse or neglect.
- Inform authorities if you are a victim of abuse, neglect, or domestic violence if we believe disclosure is necessary and either you agree to disclosure, or we are required by law to make the disclosure.
- Comply with federal and state health oversight activities such as fraud investigations.
- Respond to law enforcement officials or to judicial orders, subpoenas, or other process.
- Assist in specialized government functions such as national security, intelligence, and protective services.
- Conduct research following strict internal review to ensure the balancing of privacy and research needs.
- Participate in regional information systems, such as Chesapeak Regional Information System for our Patients (CRISP) and Capital Partners in Care Health Information Exchange (CPC-HIE).
 - You may opt out and disable access to 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 www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PMDP) will still be available to providers.
 - You may opt out and disable access to your health information by CPC-HIE by completing a form at MetroHealth.

We may also use or disclose your health information for the following operational purpose. If you object to this purpose, you must alert us at the time you obtain services so that appropriate paperwork can be filled out. We may:

- Communicate with individuals involved in your care or payment for that care, such as friends and family.
- Send prescription and appointment reminders.
- Contact you for fundraising, but you will be able to opt out of receiving those communications.

All other uses and disclosures, not previously described, may only be done with your written permission. For example, we will obtain your authorization before we would release your psychotherapy notes. Similarly, we will obtain your authorization before we would use or disclose your health information for marketing products to you. We will not sell your health information unless you authorize us to do so. You may revoke such permission but we are unable to take back disclosures made in reliance on your permission.

What are our responsibilities?

We are required by law to:

- Maintain the privacy of your health information,
- Provide this notice of our duties and privacy practices,
- Abide by the terms of the notice currently in effect,
- Notify you if we become aware that there has been a loss of your health information in a manner that could compromise the privacy of your information.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be posted in our facilities and we will offer you a copy when you receive services.

Do you have any Federal Rights?

The law entitles you to:

- Inspect and copy certain portions of your health information. If we keep your medical records in an electronic format, you can request a copy of your records in an electronic format and we will provide it to you in that format if it is a form and format readily producible by us. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. This does not include psychotherapy notes and we may deny your request under limited circumstances.
- Request amendment of your health information if you feel the health information is incorrect or incomplete. (However, under certain circumstances, we may deny your request.)
- Receive an accounting of certain disclosures of your health information made up to six years prior to the date of your request, although this excludes disclosures for treatment, payment, and healthcare operations. 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.
- Request that we restrict how we use or disclose your health information. We may not be able to comply with all requests and are not required to agree with your requests. If you pay out of pocket for the entire cost of a service, you have a right to request that we not disclose this service to your health plan for payment or health care operations purposes. We must comply with that request, unless the disclosure to your health plan is required by law.
- Request that we communicate with you at a specific telephone number or address.
- Obtain a paper copy of this notice even if you receive it electronically.

What if I have a Complaint?

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the Secretary or us.

To file a complaint with us or receive more information, contact the MetroHealth Privacy Officer:

Phone: (202) 638-0750

Fax: (202) 638-0749

Address: 1012 14th St. NW Suite 700

Washington, DC 20005

To file a complaint with the Secretary of Health and Human Services, write to 200 Independence Ave., S.E., Washington, D.C. 20201 or call 1-877-696-6775.

Who Will Follow This Notice?

This Notice describes MetroHealth practices and those of:

- Any health care professional authorized by MetroHealth to access and/or enter information into your medical record,
- All departments and units of MetroHealth, and
- Any MetroHealth affiliate.

Need more information?

- Visit our website at www.metrohealthdc.org, or
- Call or write the Privacy Officer.