



Foundations Medical Adult Day Services

1025 W. Nursery Road

Suite 112

Linthicum, MD 21090

Phone: (410) 789-7772 **Fax:** (410) 789-7177

NOTICE OF PRIVACY PRACTICES

I. 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.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are legally required to protect the privacy of your health information. We call this information "protected health information of PHI" for short and it includes information that we have received or documented about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any change will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice. You can request a copy of the notice currently in effect from the contact person listed in Section VI below at any time.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosure

A. Uses and Disclosure Which Do Not Require Your Authorization. We may use and disclose your PHI without your authorization for the following reasons:

1. For treatment. We may disclose your PHI to hospitals, physicians, nurses, therapist, and other health care personnel/contract agencies that provide you with health care services or are involved in your care. For example, if you are being treated for a fracture, we may disclose your PHI to the therapist in order to coordinate your care.
2. To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department, billing agents, and your health plan to get paid for the health care services we provided you.
3. For Health Care Operations, We may disclose your PHI in order to operate this entity. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, consultants, and others in order to assist us in our business activities and make sure we are complying with the laws that affect us.
4. When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosure when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with gunshot or other wounds, or when ordered in judicial or administrative proceeding.
5. For public health activities. For example, we report information, and we provide coroners, medical examiners and funeral directors necessary information relating to an individual's death.
6. For health oversight activities. We will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
7. For purposes of facilitating organ donation. We may notify organ procurement organization to assist them in organ, eye, or tissue donation and transplants.
8. For research purpose. In certain circumstances, we may provide PHI in order to conduct medical research.
9. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
10. For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
11. For workers' compensation purpose. We may Provide PHI in order to comply with workers' compensation laws.
12. To your Employer. We may disclose PHI to your employer for an evaluation relating to medical surveillance of the workplace or an evaluation of work-related illness and injuries if certain conditions are met.
13. Appointment reminders and health-related benefits or services, We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer.
14. Correctional Institutions. We may disclose PHI regarding an inmate to a correctional institution or a law enforcement official if certain conditions are met.
15. Required Disclosure to the Secretary. We may disclose PHI to the Secretary of the Department of Health and Human Services in order for the Secretary to investigate or determine compliance with federal privacy regulations.
16. We may use PHI to create information that is "de-identified" (meaning of the information can no longer be traced by you).
17. We may disclose PHI to someone who has the legal authority to act on your behalf as your personal representative.

B. Uses and Disclosure Where You Have the Opportunity to Object. The following uses and/or disclosures of PHI do not require your written authorization. They do, however, require you to have an opportunity to orally agree to or prohibit or restrict the use/disclosure before it is performed, unless there are extenuating circumstances, such as in the event of emergency of your incapacity.

1. Disclosures to family, friends or other involved persons. We may disclose to a family member, a close personal friend, or any other person identified by you, your medical information that is directly relevant to that person's involvement with your care or payment related to your care. Please notify your case manager if there is a family member, a friend, or other person that you do NOT want your medical information disclosed to.
2. Notification. We may disclose PHI for disaster relief efforts or for the purpose of notifying or assisting in notifying



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a family member, personal representative, or other person responsible for your care, of your location or general condition or death.

- C. All other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you chose to sign an Authorization to disclose your PHI, you can revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).
- D. Incidental Uses and Disclosures. Incidental uses and disclosure of information may occur. An incident uses or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental use or disclosure is permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure, For example, disclosures about a patient made by a home health provider in the patient's home that might be overheard by other family members not involved in the patient's care would be permitted.

IV. RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. The Right to Request Limits on Uses and Disclosure of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosure that we are legally required to make.
- B. The Rights to Choose How We Send PHI to You. You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address or relative's address rather than your home address) or by alternate means such as e-mail. We must agree to your request so long as we can easily provide it in the format you requested.
- C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we do not have your PHI but know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reason for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, we will charge you \$1.00 per page. Instead of providing the PHI you requested, we may provide you with a summary of explanation of the PHI as long as you agree to that and to the cost in advance.

- D. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list instances in which we have disclosed your PHI. The list will not include uses or disclosures made for treatment, payment, or health care operations, made directly to you, to your family, or in our facility directory, or pursuant to a valid authorization.

The list also will not include uses and disclosures made for national security purpose, to corrections or law enforcement personnel, or before the agency compliance date of April 14, 2003.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$25.00 for each additional request.

The Right To correct or update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. We will respond in 60 days of receiving your request in writing. You must provide the request and your reason for the request in writing. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us; (iii) not allowed to be disclosed; or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it and tell others that need to know about the change in your PHI.

The Right to Get a Paper Copy of this Notice. You have the right to get a paper copy of this notice, even if you have agreed to receive the notice via mail.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in section VI below. You also may send a written complaint to the Secretary of the department of Health and Human services at 200 Independence Ave. S.W. Room 615F, Washington, DC 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Privacy Officer or Director of Quality Improvement & Compliance: **Foundations Medical Adult Day Care Social Worker or Administrator**

VI.I. EFFECTIVE DATE OF THIS NOTICE



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Caregiver Name :

Caregiver Signature :

Witness Name :

Witness Signature :

Date :