



Notice of Privacy Practices

This Notice describes how protected health information about you may be used and disclosed, and how you can get access to this information. PLEASE REVIEW CAREFULLY!

TOTAL HEALTH CARE, INC. (“THC”) is required by law to protect the confidentiality of your health information. This Notice revises THC’s prior Notice of Privacy Practices and becomes effective as of **February 1, 2019**. THC will use only the minimum amount of your health information necessary for the purposes described in this Notice. The privacy practices described in this Notice will be followed by all THC health care professionals, employees, medical staff, trainees, students and volunteers.

This Notice is designed to give you a better understanding of the following: (a) your rights; (b) your choices; (c) the types of uses and disclosures; and (d) THC’s responsibilities.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Opt out of certain disclosures
- Receive a notice of a breach of the confidentiality of your information
- Revoke an authorization for disclosure of your health information
- Get a list of those with whom we've shared your information
- Get a copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization

- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by contacting us, as set forth below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visit <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we will not share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

TREAT YOU

We can use your health information and share it with other professionals who are treating you:

- Example: A doctor treating you for an injury asks another doctor about your overall health condition.

RUN OUR ORGANIZATION

We can use and share your health information to run our practice, improve your care, and contact you when necessary:

- Example: We use health information about you to manage your treatment and services.

BILL FOR SERVICES

We can use and share your health information to bill and get payment from health plans or other entities.

- Example: We give information about you to your health insurance plan so it will pay for your services.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

HELP WITH PUBLIC HEALTH AND SAFETY ISSUES

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

DO RESEARCH

We can use or share your information for health research.

COMPLY WITH THE LAW

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

RESPOND TO ORGAN AND TISSUE DONATION REQUESTS

We can share health information about you with organ procurement organizations.

WORK WITH A MEDICAL EXAMINER OR FUNERAL DIRECTOR

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

ADDRESS WORKERS' COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVERNMENT REQUESTS

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

RESPOND TO LAWSUITS AND LEGAL ACTIONS

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

THC is required by law to maintain the privacy and security of your protected health information. We will let you know if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this Notice and give you a copy of this Notice, upon your request. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, INC. (CRISP)

THC has chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (*CRISP*), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care, and assist providers, and public health officials in making more informed decisions. You may “*opt-out*” and prevent searching of 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 their website at <https://www.crisphealth.org/>

CHANGES TO THE TERMS OF THIS NOTICE

THC can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our offices, and on our web site: <https://www.totalhealthcare.org>

If you have any questions about this Notice, you may address your concerns to:

TOTAL HEALTH CARE, INC.

1501 Division Street

Baltimore, MD 21217

Chief Compliance Officer

410-383-8300 ext.20153

and/or

Privacy Officer

410-383-8300 ext.20841



Notice of Privacy Practices

ACKNOWLEDGEMENT OF RECEIPT NOTICE OF PRIVACY PRACTICES (NPP)

I acknowledge that I have received THC's Notice of Privacy Practices.

<i>Patient/Authorized Representative Signature:</i>	
<i>Date:</i>	

Patient has the right to refuse to sign. If patient refuses, THC's employee should so indicate by signing below.

<i>THC Employee Signature:</i>	
<i>Date:</i>	

Effective Date: February 1, 2019

(This NPP replaces THC's original NPP effective April 14, 2003; Revised: September 23, 2013; Revised: February 1, 2014, Revised: November 9, 2017, December 13, 2018, January 18, 2019)