

CROSSROADS, INC.

HIPAA NOTICE OF PRIVACY PRACTICES

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 READ IT CAREFULLY.

If you have any questions about this notice, please contact the Crossroads, Inc. Privacy and Security Coordinator at TBD.

WHO WILL FOLLOW THIS NOTICE

- Any health care professional on the staff of one of the facilities listed below and authorized to enter information into your medical chart
- All departments and units of the organization
- Any member of a volunteer group we allow to help you while you are at the organization
- All employees, staff and other organization personnel
- All other organizations in this system, subsidiaries or other entities

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that your health information is personal and we are committed to protecting it. We create a record of care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the organization, whether made by organization's personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you

- Follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other employees who are involved in taking care of you. For example, a doctor treating you for mental illness may need to know if you have diabetes since this may affect your ability to recover. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the organization also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the organization who may be involved in your medical care after you leave the organization, such as therapist, physicians, family members, or others we use to provide services that are part of your care. Your protected health information may be maintained in an electronic record that may have electronic backup copies that may reside at a separate facility and/or in another state than the one in which you were treated.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. For example, we may need to give your health plan information about medications you received at the organization so your health plan will pay us or reimburse. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run the organization and make sure that all of our patients or clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients or clients we serve in order to decide what additional services the organization should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other organizations to compare how we are doing and see where we can make improvements in the care and services we provide. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients or clients are. We may transfer your information to a new covered entity during a sale, merger, transfer, or consolidation of our organization.

- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Treatment Alternatives:** We may use and disclose medical 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 medical information to tell you about health related benefits or services that may be of interest to you.
- **Individuals Involved In Your Care Or Payment For Your Care:** We may release medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert A Serious Threat To Health And Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation:** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:
 - ❖ to prevent or control disease, injury or disability
 - ❖ to report births and deaths
 - ❖ to report child abuse or neglect
 - ❖ to report reactions to medications or problems with products

- ❖ to notify people of recall of products they may be using
 - ❖ to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - ❖ to notify the appropriate government authority if we believe a patient or client has been the victim of abuse, neglect, or domestic violence. We will only make the disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - **Lawsuits and Disputes:** If you are involved in lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
 - **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons, or similar process
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the organization; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
 - **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients or clients of the organization to funeral directors as necessary to carry out their duties.
 - **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
 - **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Inmates:** 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. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution.
- **Federal Drug Administration (FDA):** We may disclose information to the FDA related to incidents in order for the FDA to carry out its public health activities.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department. If you request a copy of information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and receive a copy of medical information in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend:** If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the organization.

To request an amendment, your request must be made in writing and submitted to the Health Information Management Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend the information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the organization;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. All accounting disclosures will be provided in hard copy format. 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. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you except for treatment, payment, and healthcare operations. You have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a medication you are receiving.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Health Information Management Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Health Information Management Department. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **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. Even if you have agreed to receive and if we have been able to provide this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice contact the Health Information Management Department.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the organization. The notice will contain on the

first page, in the top right-hand corner, the effective date. In addition, each time you receive treatment or health care services at this organization, we will offer you a copy of the current notice in effect.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the organization or with the Secretary of the Department of Health and Human Services. To file a complaint with the organization or to receive information on how to file a complaint to the Department of Health and Human Services, contact the *Crossroads, Inc.* Privacy and Security Coordinator at TBD. All complaints must be submitted in writing.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of that care we provided to you.

CROSSROADS, INC.

Address
Owings Mills, Maryland 21133

The Translations of the Joint Privacy Notice may be available in **other languages**. These translations can be obtained by contacting:

Phone: TBD **between 10:00 am and 5:00 pm.**

•

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. If we change the terms of this Notice, we will post a revised notice in the DHMH offices. In addition, the current Notice of Privacy Practices will be posted on the Internet at <https://health.maryland.gov/HIPAA/Pages/home.aspx>

Privacy Officer

Maryland Department of Health
DHMH – Office of Inspector General
201 Preston Street, Floor 5
Baltimore, MD. 21201
Voice: (410) 767-5411

Office for Civil Rights – Region III U.S. Department of Health and Human Services

150 S. Independence Mall West, Suite 372 Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (215) 861-4441 Hotline (800) 368-1019
Fax (215) 861-4431 TDD (215) 861-4440 TTY (886) 788-4989
Email: E-mail: Qcmail@hhs.gov

Concerns/Complaints about the Use/Disclosure of Patient Protected Health Information

IN WRITING

Ramiek James, Esq.
Privacy Officer
DHMH- Office of the Inspector General
201 W. Preston St., Floor 5
Baltimore, MD 21201

If you have a privacy complaint that is NOT related to a DHMH facility or employee, please refer to the HHS website for a complaint form.

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

CROSSROADS, INC

HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. Your signature below indicates that you have read, understood, and been offered our notice.

_____ Signature of Patient or Client	_____ Date
_____ Signature of Parent or Legal Guardian	_____ Date
_____ Signature of Legal Representative, if applicable	_____ Date
_____ Signature of Employee Witness	_____ Date

____ I refuse to sign this form.

Comments: _____

Note to Network personnel: If person served/representative refuses Notice or signature, initial here

Date: _____

Comments: _____

