

**ADVANCED PRIMARY AND GERIATRIC CARE**  
**Privacy Practices**

Following are the ways we use protected healthcare information:

- **We will use your health information for treatment.** For example: Information obtained by a healthcare practitioner will be recorded in your record and used to determine your course of treatment. Members of your healthcare team will also record the action they took and their observations. We will also provide your other practitioners with copies of various reports that should assist them in treating you.
- **We will use your health information for payment.** For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may identify you, your diagnosis, procedures, and supplies used.
- **We will use your health information for regular health operations.** For example: Members of the medical staff and/or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it as a means to continually improve the quality of the healthcare and service we provide.
- **Business Associates:** We provide some services in our organization through contracts with Business Associates. Examples include physician services in the emergency department, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, we require the Business Associate to appropriately safeguard your information..
- **Directory (inpatient settings):** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name.
- ☐ **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general conditions. We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. 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 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 their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.
- ☐ **Communication with family:** Health professionals, using their best judgement, may disclose to a family member, other relatives, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to the care.
- ☐ **Research (inpatient):** We may disclose information to researchers when an institutional review board has approved the research proposal and protocols to ensure the privacy of your health information.
- ☐ **Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- ☐ **Marketing:** We may contact you to provide appointment reminders of information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- ☐ **Food and Drug Administration (FDA):** As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- ☐ **Workers Compensation:** We may disclose health information to the extent authorized by, and to the extent necessary to, comply with laws relating to workers compensation to other similar programs established by law.
- ☐ **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with tracking birth and deaths, as well as with preventing or controlling disease, injury, or disability.
- ☐ **Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.
- ☐ **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a member of our staff or business associate believes, in good faith, that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**We recognize that you have a choice for healthcare services, and we are grateful that you have chosen us as a provider.**

Patient Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature \_\_\_\_\_