



## **ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH AND YOUR HEALTH INFORMATION**

### **NOTICE OF PRIVACY PRACTICES**

Effective Date: October 1, 2023

#### **PURPOSE**

This notice describes how your medical information may be used and disclosed and how you can get access to this information. It also provides you with information about your rights and our legal duties and privacy practices with respect to Protected Health Information (PHI).

#### **INTRODUCTION**

The Anne Arundel County Department of Health (AACDOH) is committed to protecting your health information. We are required by law to maintain the privacy of all PHI. This includes any identifiable information that we obtain from you or others. This includes any identifiable information that relates to your physical or mental health, the health care you have received, or payment for health care.

In order to provide treatment or to pay for your health care, we will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination, test results, diagnoses, and treatment. That information is referred to as your health or medical record, and is legally regulated as health information. Your health record may be used for a variety of purposes.

The AACDOH and its Business Associates are required to follow the privacy practices described in this Notice, although we reserve the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new Notice by contacting the Anne Arundel County Department of Health at 410-222-7377. It is also posted on our website at <https://aahealth.org/privacy>.

#### **Permitted Uses & Disclosures**

The AACDOH employees will only use your health information when doing their jobs. For uses beyond this, we must obtain your written authorization, unless the law permits or requires it, and you may revoke such

authorization with limited exceptions. The following are some examples of our possible uses and disclosures of your health information:

### **Uses and Disclosures without Consent Relating to Treatment, Payment, or Health Care Operations:**

- **For treatment:** We may use or share your health information to provide you with medical treatment or services, and to determine if your medical treatment is appropriate. *For example, our health care providers may need to review your treatment plan with your health care provider for medical necessity or for coordination of care.*

The AACDOH may receive information from other providers through the Chesapeake Regional Information System for Our Patients, Inc. (CRISP) for the purposes of coordinating your care. CRISP is a statewide health information exchange (HIE) in which the AACDOH participates. Basic identifying and clinical information regarding your visits may be shared with the HIE for the purpose of diagnosis and treatment, as permitted by law. Other entities participating in CRISP may access this information as part of your treatment. You may opt out of CRISP and prevent access to your health information available through CRISP by contacting them at 877-952-7477 or completing and submitting an Optout form to CRISP by mail, fax, or through their website at [crisphealth.org](http://crisphealth.org). Note that even if you optout of CRISP, public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP as permitted by law.

- **To obtain payment:** The AACDOH may use and disclose your health information in order to bill and collect payment from you, your insurance company or a third-party payer for health care services you received and to determine your eligibility to participate in our services. *For example, your health care provider may send claims for payment of medical services that the AACDOH provided to you.*
- **For health care operations:** The AACDOH may use and share your health information to evaluate the quality of services provided, or to our state or federal auditors and regulators.

### **Other Uses and Disclosures of Health Information Required or Permitted by Law:**

- **Information purposes:** Unless you provide us with alternative instructions, we may send appointment reminders and other materials about the program to your home.
- **Required by law:** The AACDOH may disclose health information when a law requires us to do so.
- **Public health activities:** The AACDOH may disclose health information when we are required to collect or report information about diseases, injuries, or to report vital statistics to other divisions in the department and/or other public health authorities. *These activities may also include efforts to prevent or control disease, injury or disability; reporting of reactions or issues with medications or products by notifying patients and clients of recalls on products they may be using; or notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.*

- **Health oversight activities:** We may disclose your health information to other divisions in the department and other agencies for oversight activities required by law. *Examples of these oversight activities are audits, inspections, investigations, and licensure.*
- **Coroners, Medical Examiners, Funeral Directors and Organ Donations:** The AACDOH may disclose health information relating to a death to coroners, medical examiners and/or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.
- **Research purposes:** In certain circumstances, and under the supervision of an Institutional Review Board or other designated privacy board, the AACDOH may disclose health information to assist in medical research.
- **Avert threat to the health or safety:** In order to avoid a serious and imminent threat to health or safety, the AACDOH may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Abuse and neglect:** We will disclose your health information to the appropriate authorities if we reasonably believe that you may be a possible victim of abuse, neglect, domestic violence, or some other crime. The AACDOH may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- **Specific government functions:** The AACDOH may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- **Family, friends, or others involved in your care:** The AACDOH may share your health information with people as it is directly related to their involvement in your care or payment of your care. We may also share your health information with people to notify them about your location, general condition, or death.
- **Worker's compensation:** We may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.
- **Patient directories:** The AACDOH entities generally do not maintain directories for disclosures to callers or visitors who ask for you by name. However, if an AACDOH entity does maintain a directory, you will not be identified to an unknown caller or visitor without authorization, and the limited information we disclose may include your name, location in the entity and your general condition (e.g. fair, stable, etc.).
- **Lawsuits, disputes and claims:** If you are involved in a lawsuit, a dispute, or a claim, we may disclose your health information in response to a court or administrative order, subpoena, discovery request, the investigation of a complaint filed on your behalf, or other lawful process.
- **Law enforcement:** The AACDOH may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.
- **Other parties for conducting permitted activities:** We may conduct the above-described activities ourselves, or we may use non-AACDOH entities (known as Business Associates) to perform those operations. In those instances where we disclose your PHI to a third-party acting on our behalf, we will protect your PHI through an appropriate privacy agreement.

- **Fundraising activities:** The AACDOH may use information about you to contact you in an effort to raise money for the department and its operations. The information we release about you will be limited to your contact information, such as your name, address and telephone number and the dates you received treatment or services at the AACDOH.

## **Your Rights**

### **You Have a Right to:**

- **Request restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you. The AACDOH will accommodate your request if possible, but it's not legally required to agree to the requested restriction except as otherwise required by law. The AACDOH must accommodate your request if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.
- **Request confidential communication:** You have the right to ask that the AACDOH send you information at an alternate address or by alternative means. We must agree to your request as long as it is reasonable for us to do so.
- **Inspect and copy:** With certain exceptions (such as psychotherapy notes, information collected for certain legal proceedings, and health information restricted by law), you have a right to see your health information upon your written request. If you want copies of your health information you may be charged a reasonable and cost-based fee for copying, postage, and preparing an explanation or summary of the PHI. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. If the AACDOH maintains your health information using electronic health records, we will provide access in electronic format and transmit copies of the health information to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific.
- **Request amendment:** You may request in writing that the AACDOH correct or add to your health record. We will respond to your request within 60 days, with up to a 30-day extension, if needed. The AACDOH may deny the request if it is determined that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; (3) not permitted to be disclosed. If the AACDOH approves the request for amendment, we will change the health information and inform you, and we will notify others that need to know about the change in the health information.
- **Require authorization:** You have the right to require your authorization for most uses and disclosures of psychotherapy notes, for receiving marketing communication and for the sale of your PHI.
- **Receive accounting of disclosures:** You have a right to request a list of the disclosures made of your health information in the six years prior to your request. This list will not include every disclosure made. Exceptions are health information that has been used for treatment, payment, and health care operations. In addition, the AACDOH does not have to list disclosures made to you, based on your written

authorization, provided for national security; to law enforcement officers, or correctional facilities. There will be no charge for up to one such list each year. Additionally, we will provide an accounting for disclosures made through an electronic health record for treatment, payment, and health care operations, but information is limited to three (3) years prior to the date of request.

- **Opt-Out:** You have the right to receive fundraising communications and the right to request to opt-out of fundraising communication. You also have a right to opt-out of an AACDOH facility's patient directory, and you have the right to opt-out of Maryland's Health Information Exchange (HIE), which is the Chesapeake Regional Information System for our Patients (CRISP).
- **Receive notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by mail upon request.
- **Receive breach notification:** You have the right to be notified if your health information has been "breached," which means that your health information has been used or disclosed in a way that is not consistent with the law and results in it being compromised.
- **Receive protection of genetic information:** If any of the AACDOH health care components are considered a health plan, the health plan is prohibited from using or disclosing your genetic information for certain underwriting purposes.
- **Receive protection of mental health records:** If a medical record that is developed in connection with you receiving mental health services is disclosed without your authorization, the AACDOH will only release the information in your record that is relevant to the purpose for which the disclosure is sought.

**For More Information:**

This document is available in other languages and alternative formats that meet the guidelines for the Americans with Disabilities Act (ADA). If you have questions and would like more information, you may contact:

PHONE: 410-222-7377

EMAIL: [hdprivacypractices@aacounty.org](mailto:hdprivacypractices@aacounty.org)

**To Report a Problem about Our Privacy Practices:**

If you believe your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us using the contact information below:

PHONE: 410-222-7377

EMAIL: [hdprivacypractices@aacounty.org](mailto:hdprivacypractices@aacounty.org)

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. *AACDOH will take no retaliatory action against you if you make such complaints.*

Effective Date: This notice is effective on October 1, 2023.

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**Acknowledgement of receipt of this notice:**

\_\_\_\_\_  
Patient or Authorized Representative

\_\_\_\_\_  
Date

If unable to get acknowledgement, specify why below:

\_\_\_\_\_

\_\_\_\_\_  
Signature of AACDOH Representative

\_\_\_\_\_  
Date