



FREDERICK COUNTY, MD

Division of Aging & Independence

Notice of Privacy Practices

IMPORTANT: 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.

Frederick County, Maryland complies with applicable Federal civil rights laws and does not discriminate or treat people differently on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Frederick County, Maryland also provides free language services to people whose primary language is not English (such as qualified interpreters and information written in other languages). The County also provide free aids and services to people with disabilities to communicate effectively with us such as qualified sign language interpreters and written information in alternate formats (large print, audio, accessible electronic formats, and other formats).

Thank you for giving us the opportunity to serve you. In the normal course of our operations, Division of Aging & Independence may create, obtain, and/or maintain records about you and the services provided to you. The information collected is called Protected Health Information ("PHI"). We take our obligation to keep your PHI secure and confidential very seriously.

Background

Information that we collect about you may be stored, maintained, or transmitted for purposes allowed under the Health Insurance Portability and Accountability Act of 1996 and other related laws and regulations or as specifically authorized by you. This Notice of Privacy Practices document may be amended from time to time to reflect any changes to the laws and regulations affecting the privacy and security of your health care records. We are required by law to protect your health care information and to provide you with this Notice of Privacy Practices.

This Notice outlines our legal duties and privacy practices in respect to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how **Division of Aging & Independence** is permitted to use and disclose PHI about you, how you can access and get a copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI. We respect your privacy and treat all health care information about our patients with care under strict policies of confidentiality that all our staff are committed to following.

PLEASE READ THE DETAILED NOTICE BELOW. IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, PLEASE CONTACT THE FREDERICK COUNTY HIPAA COMPLIANCE OFFICER; CONTACT INFORMATION IS LISTED AT THE END OF THIS NOTICE.

Purpose of this Notice: Division of Aging & Independence is required by law to maintain the privacy of PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how **Division of Aging & Independence** is permitted to use and disclose PHI about you.

Division of Aging & Independence is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice of Privacy Practices without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI: By law, Division of Aging & Independence may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI include but are not limited to these:

For treatment. This includes such things as verbal and written information regarding your medical condition that we obtain about you and use in the course of treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment. This may include communication of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment. This includes any activities we undertake to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third-party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts. It also includes any activities we take to make payment for health care services provided to you under certain programs (e.g., grant funded clinics for which Frederick County provides funds, County-owned health care facilities, managed care clinics, etc.).

For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collections purposes, fundraising, and certain marketing activities.

Reminders for Scheduled Transports and Information on Other Services. We may also contact you to provide you with a reminder of any scheduled appointments or for other information about alternative services we provide or other health-related benefits and services that may be of interest to you.

Use and Disclosure of PHI Without Your Authorization: Division of Aging & Independence is permitted to use PHI without your written authorization or opportunity to object in certain situations, including:

- For use in treating you or in obtaining payment for services provided to you or in other health care operations activities;
- For the treatment activities of another health care provider (such as another health care provider to which you are transferred if you move away from the area);
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your insurance company, Medicare, etc.);
- For health care fraud and abuse detection or for activities related to compliance with the law (for example, internal or external audits of our activities);
- To your family member, other relative, close friend, or other individual involved in your care (such as a personal caregiver) if we obtain your

verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgement, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms, and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;

- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process; however, we will not use or disclose PHI when it is sought to investigate or impose liability on individuals, health care providers, or others who seek, obtain, provide, or facilitate reproductive health care that is lawful under the circumstances in which such health care is provided, or to identify persons for such activities. Additionally, our business associates shall obtain a signed attestation stating that certain requests for PHI potentially related to reproductive health care are not for these prohibited purposes;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security, and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;

- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals, and health information will be released only when there is a minimal risk to your privacy and when adequate safeguards are in place in accordance with the law;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are;
- If we are appointed as your guardian by the court.

Any other use or disclosure of PHI, other than those listed above will be made only with your written authorization, (among other specific requirements, the authorization must specify the information you seek us to disclose, the purpose for the disclosure, as well as when and how you wish us to disclose it). To request access or release of your PHI, please complete the appropriate Authorization to Release Information form found on our website: www.FrederickCountyMD.gov/DAI or contact us at DAI@FrederickCountyMD.gov to request this form.

Our team and organization will provide you with high-quality care appropriate to your healthcare needs regardless of whether you sign any authorizations for release of your protected health information. **If you have signed and submitted to Division of Aging & Independence an authorization to release your PHI, you may revoke that authorization at any time in writing;** your revocation should be addressed to the attention of the **Division of Aging & Independence Custodian of Records** whose contact information is provided at the end of this Notice. When the Division of Aging & Independence Custodian of Records receives your written revocation, we will honor it except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. This means you (or your legally authorized representative) may inspect and request a copy of most of the medical information about you that we have collected. This information is owned and housed either in our electronic data storage systems or in our physical client files. We will normally provide you with a copy of your health information within twenty-one (21) days of receiving your Patient Request for Access to Protected Health Information form (Form). We may also charge you a reasonable fee for your copy of

any medical information that you have the right to access. In limited circumstances, as allowed by law, we may deny you access to your medical information, and you may appeal certain types of denials. Use our Authorization forms to request access to your PHI; we will provide a copy of your records or, if we deny you access, we will let you know your appeal rights. The Authorization forms found on our website www.FrederickCountyMD.gov/DAI or contact our Custodian of Records at DAI@FrederickCountyMD.gov to request that a printed form to be mailed to you.

The right to amend your PHI. If you believe the healthcare record we created for you is not accurate, you have the right to ask us to amend (or change) the written medical information that we may have about you. If we agree to the change, we will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information in certain circumstances, like when we believe the information you have asked us to amend is incorrect or when the information we received came from another source. If we do not agree to the change, we will inform you in writing why we cannot make the changes you request. If you wish to request that we amend the medical information that we have about you, please contact our HIPAA Compliance Officer at HIPAACompliance@FrederickCountyMD.gov or in writing to the HIPAA Compliance Officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. Please note: we are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operations, or when we share your health information with our business associated, like our billing company or a medical facility from/to which we have transported you.

Also of note, we are additionally not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the HIPAA Compliance Officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request us to restrict how we use and disclosure the medical information that we have about you for treatment, payment, or health care operations, or to restrict the information that is provided to family, friends, and other individuals

involved in your health care. However, if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Please be aware that **Division of Aging & Independence** not required to agree to any restrictions you request, but any restrictions agreed to by **Division of Aging & Independence** are binding on us. If we agree to restrictions, we will issue you a written notice of our agreement.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. **Division of Aging & Independence** maintains a website, on which we prominently post a link to this Notice of Privacy Practices; the Notice is available to download electronically through this web site. If you are unable to download the document and would like a copy, you may request that from the HIPAA representative at DAI@FrederickCountyMD.gov. If you allow us to email you, we will forward you this Notice by electronic mail instead of on paper, or you may request a paper copy of the Notice to be mailed to you via first class US mail.

Revisions to the Notice. **Division of Aging and Independence** reserves the right to change the terms of this Notice of Privacy Practices at any time; the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. You can get a copy of the latest version of this Notice by contacting the HIPAA representative at 301-600-1234 or by emailing DAI@FrederickCountyMD.gov.

Your Legal Rights and Complaints. You also have the right to complain to us or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments, or complaints you may direct all inquiries to the HIPAA Compliance Officer at HIPAACompliance@FrederickCountyMD.gov or by calling 301-600-1308.

If you have any questions about the privacy of your health information, or if you wish to file a complaint or exercise any other rights listed in this Notice of Privacy Practices, please contact:

Pamela Maliszewskyj
HIPAA Compliance Officer
12 E Church St.
Frederick, MD 21701

Phone: 301-600-1308

Email: HIPAACompliance@FrederickCountyMD.gov

To obtain a copy of your protected health records or access to your PHI, please contact the DAI Custodian of Records:

Division of Aging & Independence

attn: Custodian of Records

1440 Taney Ave

Frederick, MD 21702

Phone: 301-600-1234

DAI@FrederickCountyMD.gov

Effective Date of this Notice: 09/16/2024