



NOTICE OF PRIVACY PRACTICES

EFFECTIVE SEPTEMBER 1, 2008 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.

If you have any questions about this notice, please contact our Privacy Officer at the address or phone number listed on the bottom of this notice.

Our Responsibilities

Upper Chesapeake Health (UCH) and the physicians who participate in your care here are committed to your personal well being. This Notice applies to all records of your care that we maintain, which contain your protected health information (PHI). Protected health information is medical information that identifies you or may provide a basis for identifying you. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health 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 provide you with this Notice and we are required to follow the terms of the Notice that is currently in effect.

Who Will Follow This Notice

This notice describes the privacy practices of those individuals or entities listed below:

- Upper Chesapeake Medical Center, Inc.
- Harford Memorial Hospital, Inc.
- Upper Chesapeake Health Medical Staff

In addition, these entities may share PHI with each other for treatment, payment or health care operation purposes described in this Notice.

Changes to This Notice

We reserve the right to change this Notice. The changes will apply to PHI we already have as well as new information we receive. Before we make a change that may impact your understanding of our current privacy practices, we will change our Notice to reflect our current practice of protecting your PHI. We will post a copy of the current Notice in the hospital. The effective date of this Notice is listed below the title. The Notice will be available on our website, www.uchs.org. We will make a copy of our Notice available to you every time you register at our facility for treatment and you will be asked to acknowledge in writing your receipt of this Notice.

How We May Use and Disclose Medical Information

Treatment - We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved directly or indirectly with your care. For example, we may use and disclose your PHI for treatment purposes if we need to request the services of an outside laboratory to perform blood tests that are more extensive than those that would be performed by our in-house pathology department. We also may disclose medical information about you to people outside the hospital who may be involved in your continuing medical

care after you leave UCH, such as other health care providers, transport companies, community agencies and family members.

Payment – We may use and disclose your PHI for payment purposes. We will bill and collect for the treatment and services we provide to you. We may send your PHI to an insurance company or third party for payment purposes including a collection service. For example, we may 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. We may also give information to other third parties or individuals who are responsible for payment for your health care, such as the named insured under the health policy who will receive an explanation of benefits (EOB) for all beneficiaries who are covered under the insured's plan.

Health Care Operations – We may use and disclose your PHI for health care operations. These uses and disclosures are necessary to make sure that you receive competent, quality health care, and to maintain and improve the quality of health care we provide. For example, we may use medical information to review our treatment and services and to evaluate the performances of our staff in caring for you. We may disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.

Permitted Use of Your PHI Without Prior Authorization – We may use or disclose your protected health information without your prior authorization for several other reasons. Subject to certain requirements, we may give out health information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies (chart reviews), funeral arrangements, organ donation and worker's compensation purposes. We also disclose health information about you when required by federal, state or local law, or in response to valid judicial or administrative orders.

Appointment Reminders, Treatment Alternatives, Health Related Benefits and Services – We may use and disclose your PHI to provide appointment reminders. Additionally, we may use you PHI to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you.

Fundraising Activities – We may use medical information about you to contact you in an effort to raise money for the UCH hospitals and its operations. We may disclose medical information to our related foundation so the foundation may contact you in raising money for the hospitals. We would only release contact information, such as your name, address, phone number and the dates you received treatment or services at the hospital. If you do not want to be contacted for fundraising efforts, you must notify us, in writing, at the appropriate address that is listed at the end of this Privacy Practice.

Hospital Directory – We may include certain limited information about you in the hospital directory (the list of patients currently hospitalized) while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

You must tell your caregivers or the registration personnel orally if you do not want to be in the hospital directory so that the appropriate form may be completed that removes your name from the hospital

directory. If you choose to not be in the hospital directory, we cannot tell the public, florists or other service persons and organizations, or even your family and friends that you are here and your general condition.

Individuals Involved in Your Care – We may release PHI about you to a family member, other relative or any other person identified by you who is involved in your health care with your permission. We may also tell your family, friends, personal representative or other person responsible for your health care your condition while you are at the hospital. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

To Avert a Serious Threat to Health or Safety – We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or to the public or another person. Any disclosure would only be to someone able to help prevent the threat.

Military – If you are a member of the armed forces (domestic or foreign), we may release PHI about you as required by domestic military command authorities for domestic armed forces and by foreign military authority for foreign armed forces.

National Security, Protective Services and Intelligence Activities – We may release PHI about you to authorized federal officials for intelligence, counterintelligence, protection of U.S. or foreign leaders and other security related activities authorized by law.

Law Enforcement – If asked to do so by law enforcement and as authorized or required by law, we may release your PHI for law enforcement. For example, we may disclose PHI about a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement. We may also release PHI to a law enforcement official about criminal conduct at the hospital.

Inmates – If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release PHI about you to the correctional institution as authorized or required by law.

Your Rights Regarding Medical Information About You

All request forms relating to your rights as mentioned below may be obtained from the Quality and Health Information Management medical records department at the particular facility from where you have or had received treatment. You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy – You have the right to review or get a copy of medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must make your request in writing to the hospital's Quality and Health Information Management department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

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 the hospital. You must submit your request in writing to the Quality and Health Information Management department with a reason that supports your requested change/s. We will inform you of our decision in writing. We may deny your request if you ask us to amend 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 hospital.

- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

Right to an Accounting of Disclosures – You have the right to a list of those instances where we have disclosed health information about you other than our own uses for treatment, payment and health care operations, as those functions are described above. To request this list or accounting of disclosures, you must submit your request in writing to the hospital’s Quality and 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. 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 lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Confidential Communications – 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 contact you at work or by mail. To request confidential communications, you must make your request in writing to the Quality and Health Information Management department. We will not ask you the reason for your request. We will accommodate all reasonable requests and you must specify how or where you wish to be contacted. If we are unable to contact you using the requested way or location, we may contact you using any information we have.

Right to Request Restrictions – You have the right to request that we do not use or disclose PHI about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. To request restrictions you must make your request in writing to the hospital’s Quality and Health Information Management department. We are not required to agree to your request.

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 this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, www.uchs.org.

Complaints

If you believe that we have not complied with our privacy practices, you may file a complaint with our Privacy Officer (listed below). You may also contact the Secretary of the Department of Health and Human Services. Our Privacy Officer can provide you with the address. To file a complaint with the appropriate hospital contact:

Privacy Officer Privacy Officer
Upper Chesapeake Medical Center Harford Memorial Hospital
Quality & Health Information Management Quality & Health Information Management
500 Upper Chesapeake Drive 501 South Union Avenue
Bel Air, MD 21014 Havre de Grace, MD 21078
Phone: 443 643-2500 Phone: 443 843-5817

You will not be penalized for filing a complaint.