

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AT THE NOT-FOR-PROFIT HOSPITAL CORPORATION, COMMONLY KNOWN AS UNITED MEDICAL CENTER, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PURPOSE. This Notice describes how we may use and disclose your Protected Health Information to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. It also describes your rights and certain obligations we have to use and disclose your health information. “Protected Health Information” or “PHI” is information that may identify the patient and relates to the patient’s past, present or future physical or mental health, and may include name, address, phone numbers and other identifying information. UMC understands that medical information about you and your health is personal and confidential, and we are committed to protecting its privacy.

OUR RESPONSIBILITY TO YOU. We are required to (i) maintain the privacy of your PHI, (ii) give you this Notice describing our legal duties and privacy practices with respect to your PHI, and (iii) follow the terms of the Notice that is currently in effect. (iiii) Notify you if a breach of your health information occurs. We reserve the right to (i) change the privacy practices, (ii) change this Notice, and (iii) make the changed or revised Notice effective for PHI we already have, as well as any we receive in the future. A current version of this Notice, with required revisions, if any, may be obtained from the Hospital web site, www.united-medicalcenter.com and will be posted throughout our facility. You may also receive a current copy by sending a written request to the UMC HIPAA Office, 1310 Southern Avenue, SE, Suite #1010, Washington D.C. 20032.

WHO WILL FOLLOW THIS NOTICE. This Notice describes the practices of UMC healthcare professionals, employees, volunteers and others who work or provide healthcare services at UMC, including students-in-training.

HOW WE MAY USE AND DISCLOSE YOUR PHI. The following describe different ways we may use and disclose your PHI under applicable laws. Not every use or disclosure will be listed, but the major categories are covered below:

- **Treatment.** Certain information obtained by a nurse, doctor, therapist, or other healthcare worker will be put into your record and used to plan and manage your treatment. We may provide reports or other information to your doctor or other authorized persons who are involved in your care, including healthcare providers outside of UMC. Most uses and disclosures of Psychotherapy Notes will require your authorization when appropriate.
- **Health Information Exchange.** We may make your PHI available electronically through an electronic health information exchange to other healthcare providers and health plans that request your information for their treatment and payment purposes. Participating in an electronic health information exchange may also let us see their information about you for our treatment and payment processes.
- **Payment.** A bill will be sent to you and/or your insurance company with information about your diagnosis, procedures and supplies used, unless you are requesting to restrict certain information from your health plan and you have paid for your UMC services in full.
- **Health care operations.** We may use your PHI to check on the care you received, how you responded to it, and for other business purposes related to operations.
- **Patient Directory.** Unless you tell us not to, we may use and disclose your name, location in the facility, and general condition to people who ask for you by name. If provided by you, your religious affiliation will only be given to members of the clergy. If you are a patient receiving behavioral health services, you will not be part of the Patient Directory while you are a patient, and we will not provide directory information to people who ask for you by name, unless you specifically tell us to or we are legally obligated to do so.
- **Research.** Your PHI may be used for research purposes in certain circumstances with your permission, or after we receive approval from a special review board whose members review and approve the research project.

NOTICE OF PRIVACY PRACTICES

- **Fundraising and Marketing.** We may contact you as part of UMC fundraising or marketing efforts. You have a right to opt out of fundraising communications and may do so by calling (202) 574-6647 or emailing HIPAA@united-medicalcenter.com. Your PHI will not be used or disclosed for marketing purposes without your authorization.
- **Sale of Information.** UMC will not sell your information without your prior written authorization or as otherwise allowed by law.

Other Uses and Disclosures that may be made without your authorization

- **Notification.** To notify a family member or other person involved in your care or payment, your location and general condition unless you tell us not to do so.
- **Communication with family.** To a family member, a close personal friend, or a person that you identify, if we determine they are involved in your care or in payment for your care, unless you tell us not to do so.
- **Business Associates.** To outside individuals or entities that provide services for us, such as typing physician reports, billing, and legal services.
- **Coroners, Medical Examiners, Funeral Directors.** To Coroners, Medical examiners, and Funeral Directors, to the extent allowed by law, so that they may carry out their duties.
- **Organ Donor Organizations.** To organ donation agency for the purpose of tissue or organ donation in certain circumstances and as required by law.
- **Contacts.** To provide appointment reminders or to tell you about new treatments or services.
- **Food and Drug Administration (FDA).** We may share your PHI with certain government agencies like the FDA so they can recall drugs or equipment.
- **Workers' Compensation.** To comply with workers' compensation programs.
- **Public Health.** To public health agencies who are charged with preventing or controlling disease, injury or disability and as required by law.
- **Communicable Disease.** To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.
- **Correctional Institution.** To the institution or law enforcement for your health or the health and safety of others, if you are an inmate of a correctional institution or under the custody of law enforcement.
- **Law Enforcement.** To law enforcement as authorized or required by law.
- **As Required by Law.** When required by federal, state or local law.
- **Health Oversight.** To a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.
- **Abuse or Neglect.** To government authorities that are authorized by law to receive reports of suspected abuse or neglect, involving children or endangered adults.
- **Legal Proceedings.** To courts and attorneys in the course of any judicial or administrative proceeding or in response to a court order, subpoena, discovery request or other lawful process.
- **Required Uses and Disclosures.** To the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Rules.
- **To Avoid Harm.** To prevent a serious threat to your health or safety or the health or safety of the public or another person.

NOTICE OF PRIVACY PRACTICES

- **For Specific Government Functions.** To the military if you are a member of the armed forces and we authorized or required to do by law.
- **National Security.** To authorized federal officials for intelligence, counterintelligence and other national security activities

YOUR PRIVACY RIGHTS REGARDING YOUR PHI. You have the following rights relating to your PHI:

- To receive a copy of this Notice.
- To inspect or obtain a copy of your medical and billing records, in paper or electronic form. You may be charged a fee for the cost of extracting, copying, mailing or other supplies. We are allowed to deny this request under certain circumstances. In some situations, you have the right to have the denial of your request reviewed by a licensed healthcare professional identified by UMC who was not involved in the original denial decision. We will comply with the outcome of the review.
- To request that we amend your record, if you feel the information is incomplete or incorrect. We are allowed to deny this request in certain circumstances and may ask you to put these requests in writing and provide reasons supporting your request.
- To request in writing a restriction on certain uses and disclosures of your information. We are not required to agree to the requested restrictions, unless you are requesting to restrict certain information from your health plan and you have paid for your UMC services in full.
- To obtain a record of certain disclosures of your PHI.
- To make a reasonable request to have confidential communications of your PHI sent to you by alternative means or at alternative locations.
- To provide us with written permission for uses and disclosures of your PHI that are not covered by the Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must be put in writing.
- To be notified following a breach of unsecured PHI
- Have the physician transmit your protected health information via e-mail in your choice of either encrypted and unencrypted formats. If you choose unencrypted format, you understand that this method is unsecure, and may be readable by anyone who gains access.
- All requests to inspect, copy, or amend your records must be sent in writing to the UMC Health Information Management Department, 1310 Southern Avenue, SE. Suite #1010, Washington, D.C. 20032. For questions relating to records release please call 202-574-6779

ACKNOWLEDGMENT. You will be asked to sign an Acknowledgment of receipt of this Notice. The delivery of your healthcare services will in no way be conditioned upon the signing of this Acknowledgment.

QUESTIONS OR COMPLAINTS. If you believe your Privacy Rights have been violated, you may make a complaint to us, or to the U.S. Secretary of Health and Human Services. To file a complaint with us, please send a letter to the UMC HIPAA Office, 1310 Southern Avenue, SE. Suite #1010, Washington, D.C. 20032. **There will be no retaliation for filing a complaint.**

If you have questions or need more information, please contact the UMC HIPAA Office at 202-574-6647.