



UNDERSTANDING YOUR HEALTH RECORDS

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.

YOUR HEALTH OR MEDICAL RECORD

This is a collection of your personal information related to your health care. This record may include, but is not limited to:

- Information your doctors, nurses, and other health care providers put in your record
- Conversations your doctor has about your care or treatment with nurses and others
- Billing information about you maintained by your provider
- Other health information about you that identifies or can readily be associated with you and is maintained in your record.

Although your health record is the physical property of the health care provider, the information belongs to you.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Record corrections:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- In the case of fundraising:
 - We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat You

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run Our Organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Bill for Our Services

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

Health information exchange or HIE

We may share information electronically through Health Information Exchanges (HIEs) in which we participate to ensure that your health care providers outside of Brook Lane have access to your medical information regardless of where you receive care. In addition, Brook Lane providers may use HIEs to obtain information about care you received from health care providers outside of Brook Lane when those providers participate in the same HIE. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

The Chesapeake Regional Information System for Our Patients, Inc. (CRISP), is a regional Internet-based HIE in which we participate. We may share information about you through CRISP for treatment, payment, health care operations, or research purposes. You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax, or through their website at crisphealth.org. Even if you opt-out 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.

Example: We may share your health information through CRISP so that your participating caregivers will have your most recent information available from your other participating caregivers when taking care of you.

Appointment reminders

We can use your health information for appointment reminders

Example: We may contact you to remind you of upcoming appointments for treatment or medical care at one of our facilities.

Treatment alternatives, benefits and services

We can use and share your health information to keep you informed on treatment alternatives and other benefits we offer.

Example: We may contact you to recommend possible treatment options or alternatives or to inform you of health-related benefits or services that may be of interest to you.

Business associates

We can share your health information with third parties who are providing services, under contract, for or on behalf of Brook Lane.

Example: We may contract others to assist us in providing certain medical services, transcription services, or billing services. We may share your health information with these business associates so they may perform their jobs.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

1. Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

2. Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

3. Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

4. Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

5. Mental health, substance abuse, sexual assault, HIV/AIDS

Because we provide mental health and substance abuse services as our primary treatment modalities, there are special state and federal rules relating to these care areas. If you have concerns about how information is used and shared relating to these areas, please contact our Health Information Management department at 301-733-0330 x1227.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information

see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: September 23, 2013

QUESTIONS ABOUT YOUR PRIVACY RIGHTS & COMPLAINTS

For questions about your privacy rights, or to report a complaint, you may contact our Privacy Officer by calling 301-733-0330 x 1227.

SCOPE OF OUR PRIVACY PRACTICES

This Notice of Privacy Practices covers all Brook Lane service delivery sites and its providers practicing at those locations. If you are unsure whether a delivery site is part of our system, please contact the Privacy Officer.