



Notice of Privacy Practices

This Notice of Privacy Practices describes the personal health information we collect, how and when we may use or disclose this information. It also describes your rights and our responsibilities related to your Protected Health Information (PHI).

How Will FHCB Use Your Protected Health Information?

We will use your health information for treatment. Information obtained by the staff will be recorded in your medical record and used to determine the course of treatment that should work best for you.

We will use your health information for payment. A bill may be sent to you or your insurance company. The information on or with the bill may include information that identifies you as well as your diagnosis, procedures and supplies used during your visit.

We will use your health information for regular health operations. Members of the quality improvement team may use information from your health record to assess the care and outcomes in your case and others like it. This information may then be used as we strive to continually improve the quality and effectiveness of the health care we provide.

Additional Ways We May Use Your Health Information:

There are some services provided in our organization through contracts with business associates. We may disclose your health information to them.

Unless you notify us that you object, we may use your contact information for electronic communications.

In the event of a medical emergency, we may disclose information to notify a family member, a personal representative or another person responsible for your care of your location and general condition.

We may disclose your information for research purposes when researchers have established protocols to ensure your privacy.

We may contact you to provide appointment reminders or information about treatment alternatives for you.

We may contact you as part of a fundraising effort. However, you may Opt Out by mailing a letter to FHCB at the address below requesting to Opt Out of this practice. See Opt Out/Revoke Authorization information below.

We may use your information to enable product recall, repairs or replacement.

We may use your information to comply with laws such as workers compensation or similar programs.

We may disclose your information to public health or legal authorities charged with preventing or controlling disease, injury or disabilities.

We may disclose your information to correctional institutes or law enforcement.

Your Health Information Rights:

Obtain a copy of this notice.

Inspect and copy your health record.

Amend your health record.

Obtain an accounting of the disclosures of your health information.

Request communications of your health information by alternative means.

Request a restriction on certain uses and disclosure of the information if those services were paid for out of pocket and in full, unless required by State or Federal Law.

Revoke your authorization to use or disclose your health information. See OPT OUT/Revoke Authorization Section below FHCB is required to:

Maintain the privacy of your health information.

Provide you with this notice describing our legal duties and privacy practices.

Abide by this agreement.

Notify you if we are unable to agree to a requested restriction.

Accommodate reasonable requests you may have to communicate health information by alternative means.

Obtain a separate authorization for the use and disclosure of psychotherapy notes, marketing purposes and sale of PHI.

FHCB HIPPA Notice of Privacy Practices

Obtain a separate authorization for the use or disclosure of any other use not disclosed in this Notice of Privacy Practices.

Inform you of any breach of information affecting your privacy and PHI.

FHCB reserves the right to change our practices and to make the new provisions effective for all the protected health information we maintain. Should our privacy practices change, we will provide you with a copy of the revised notice. We will not disclose or use your health information without your authorization (except as described in this notice). We will also discontinue to use or disclose your health information after we receive your written request.

OPT OUT/Revoke Authorization Process:

Should you wish to Opt Out of the use or Revoke an authorization regarding the use and disclosure of your PHI, please write a letter with your Name, Date of Birth and address along with your request to Opt Out or Revoke an authorization (be specific as possible) to:

Family Health Centers of Baltimore, Inc.
Attention: Compliance Officer
631 Cherry Hill Road
Baltimore, MD 21225

Chesapeake Regional Information System for our Patients (CRISP)

Family Health Centers of Baltimore, Inc., along with many other healthcare organizations, participates with CRISP. The Chesapeake Regional Information System for Our Patients, or CRISP, is a not-for-profit membership corporation advised by a wide range of stakeholders responsible for the healthcare of Maryland's citizens. We receive input and advice from patients; hospital systems; physicians; insurance providers; technology providers; privacy advocates; public health officials; and advocates for seniors, the uninsured, and the medically under served.

CRISP is formally designated Maryland's statewide health information exchange (HIE) by the Maryland Health Care Commission, as directed by the state's legislature and Governor. CRISP has also been named Maryland's Regional Extension Center for Health IT (REC) by the Office of the National Coordinator for Health Information Technology (ONC), with an objective of assisting 1,000 primary care providers to deploy Electronic Health Records (EHRs) and achieve meaningful use.

Family Health Centers of Baltimore, Inc. has chosen to participate in the CRISP health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination or care and assist providers and public health officials in making more informed decisions. You may OPT

OUT and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an OPT OUT form to CRISP by mail, fax or through their website at www.crisphealth.org. For more information or to report a problem, contact the CCHS Privacy Officer at 410-479-4306. You may also file a complaint with the *Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, NE, Room 509 F, HHH Building, Washington DC, 20201*. There will not be retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights.

