Privacy Policy

Notice Of Privacy Practices

This notice describes the ways in which your medical information may be used and disclosed, along with how you can get access to this information. Please review it carefully.

Understanding your health record/information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, provides a basis for planning your care and treatment, and serves as a means of communication among the various health professionals who continue to contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your health information rights

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it; though the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information and request amendments to your health record. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect and obtain a copy of your health record, obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, and revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our responsibilities

Our organization is required to maintain the privacy of your health information. In addition, we provide you with a notice as to your legal duties and privacy practices with respect to the information we collect and maintain about you. The organization must abide by the terms of this notice and notify you. If we are unable to agree to a requested restriction and accommodate reasonable requests, you may have to communicate health information by alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you’ve supplied us. If we maintain a website that provides information about our customer services or benefits, we will post our new notice on that website. We will not use or disclose your health information without your authorization, except as described in this notice.

For more information or to report a problem

If you have any questions or would like additional information, you may contact Kimberly Kelly at (410) 535-3612. If you believe your privacy rights have been violated, you can file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.