



HIPAA NOTICE OF PRIVACY PRACTICES

Updated: January 13, 2023

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. The privacy practices described in this notice will be followed by all health care professionals, employees, medical staff, trainees, students, and volunteers of the LifeBridge Health organizations listed at the end of this notice. If you have any questions about this notice, please contact LifeBridge Health's HIPAA Privacy Officer at 410-601-0973.

OUR RESPONSIBILITIES We are committed to protecting the privacy of medical information we create or maintain about you. This notice explains how we may use and disclose medical information about you. We are required by law to:

- maintain the privacy and security of your protected medical information;
- give you this notice describing our legal duties and privacy practices with respect to your medical information;
- follow the duties and privacy practices described in this notice and give you a copy of it; and
- inform you if a breach occurs that may have compromised the privacy of your medical information.

We will not use or share your medical information other than as described in this notice 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 by contacting LifeBridge Health's Privacy Officer.

HOW WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION We typically use or share your medical information in the following ways.

- **Treatment** We can use your medical information and share it with other health care professionals to provide you with medical treatment or services. For example, a doctor treating you for an injury may ask another doctor about your overall health condition.

We participate in Chesapeake Regional Informational System for our Patients, Inc. (CRISP), a statewide electronic health information exchange (HIE). The other CRISP participants and we share information about patients for treatment, payment, or other health care operations, as permitted by law. The purpose of CRISP is to provide better coordination of care and assist providers in making more informed treatment decisions. You may opt out and prevent CRISP participants from having the ability to search your information through the HIE; however, even if you opt out, we will send your medical information to the HIE, and our physicians who order diagnostic tests on you will be able to review results that the testing company provides to CRISP. You may opt out by contacting CRISP on the internet at www.crisphealth.org or by phone at 1-877-95-CRISP.

- **Payment** We can use and disclose your medical information to bill and get payment from health plans or other entities. For example, we may need to give your health plan information about you so it will pay for services rendered to you. We may also 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.
- **Health Care Operations** We can use and disclose your medical information to run our company, improve your care, and contact you when necessary. For example, we may use your medical information to review and manage our treatment and services and to evaluate the performance of our staff in caring for you.

HOW ELSE WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION We are allowed or required to share your information in other ways without your authorization.. 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/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

- **Disaster** In the event of a disaster, we may disclose your medical information to organizations assisting in a disaster-relief effort so that your family can be notified of your condition and location.
- **Help with Public Health Issues and Public Safety** We can disclose medical information about you for certain public health activities, such as:
 - Preventing or controlling disease, injury, or disability
 - Reporting births and deaths
 - Reporting adverse reactions to medications or helping with product recalls
 - Preventing or reducing a serious threat to your health or safety or the health or safety of another person
 - Reporting suspected abuse, neglect, or suspected domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Do Research** We may use or share your information for health research, in accordance with specific rules determined by applicable law.
- **As Required by Law** We will disclose your medical information when required by federal, state, or local law, including to the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

- **Respond to Organ and Tissue Donation Requests** We can share your medical information with organ procurement organizations if you are a potential organ donor.
- **Work with Coroners, Medical Examiners and Funeral Directors** We can release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We can also release medical information about our patients to funeral directors as necessary to carry out their duties.
- **Address Workers' Compensation, Law Enforcement, or other Government Requests** We can release your medical information:
 - For workers' compensation claims or similar programs providing benefits for work-related injuries and illnesses;
 - To authorized federal officials for intelligence, counterintelligence, or other national security activities or so they can conduct special investigations or provide protection to the U.S. President or other authorized person;
 - For law enforcement purposes or to law enforcement officials, as required or authorized by law;
 - With health oversight agencies for audits, investigations, inspections, accreditation, licensure, and activities authorized by law
- **Respond to Lawsuits and Subpoenas** We can share your medical information in response to a court or administrative order, subpoena, warrant, summons, or similar process.
- **Military and Veterans** If you are a member of the armed forces, we can release your medical information as required by law. We can also release medical information about foreign military personnel to the appropriate foreign military authority as required by law.
- **Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we can release your medical information to the correctional institution or law enforcement official.
- **Business Associates**. We can disclose your medical information to third parties referred to as "business associates," that provide services on our behalf, such as billing, software maintenance, and legal services.
- **Fundraising** We can use your medical information to contact you in an effort to raise money for our company. You have a right to opt out of receiving such fundraising communication by informing us either via email at hipaapoptout@lifebridgehealth.org or in writing to Database Manager, LifeBridge Health, Department of Development, c/o LifeBridge Health, Inc. 10090 Red Run Blvd Owings Mills, MD 21117. **No treatment will in any way be conditioned on any decision you make about fundraising.**

WHEN IT COMES TO YOUR MEDICAL INFORMATION, YOU HAVE CERTAIN RIGHTS This section explains your rights and some of our responsibilities to help you.

- **Right to Request Restrictions** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information must be shared to provide you emergency treatment. If you pay for a service or health care item out-of-pocket in full, you have the right to ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will agree to this request unless a law requires us to share that information.
- **Right to Request Confidential Communications** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will approve all reasonable requests.
- **Right to Get an Electronic or Paper Copy of your Medical Record** You have the right to see or get an electronic or paper copy of your medical record and other medical information we have about you. Usually, this includes medical and billing records, but may not include some mental health information. We will provide a copy or summary of your medical information, usually within 30 days of your request. If you request a copy or summary of your medical information, we may charge a reasonable, cost-based fee. We may deny your request to see or get a copy of your medical information in certain limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by LifeBridge Health will review your request and the denial. The person conducting the review will not be the person who denied your request. The decision of this reviewer will be final.
- **Right to Ask us to Correct your Medical Record** If you feel that the medical information we have about you is incorrect or incomplete, you have the right to ask us to correct the information. Upon request, we'll either make the correction to your medical information or deny your request, usually within 60 days.
- **Right to an Accounting of Disclosures** You have the right to request a list (accounting) of the times we've shared your medical information for six years prior to the date you ask, who we shared it with, and why. Upon request, 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 will provide one accounting per 12-month period for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. 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.
- **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 medical information, when you are no longer able. We will make sure the person has authority and can act for you before we take any action.

- **Right to a Get Paper Copy of This Notice** You have the right to get a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. You may obtain a copy of this notice on LifeBridge Health's website, www.lifebridgehealth.org. We will provide you with a paper copy of this notice promptly after your request.

YOUR CHOICES For certain medical information, you can make choices about what we share or disclose

- **Unless you say no, we will share your medical information with your family, close friends, or anyone else involved in your care or payment** for your care. If you are unable to tell us your preference, for example, if you are unconscious, we may share your medical information if we believe it is in your best interest.
- **We never share your medical information unless you give us written permission for:**
- Marketing purposes
 - Sale of your information, for example, to a company that may contact you to promote a product or service
 - Most sharing of psychotherapy notes

CHANGES TO THIS NOTICE We can change the terms of this notice, and the changes will apply to all information we have about you. The notice then in effect will be available upon request. The first time you register for treatment or health care services, or whenever we make a material change to this notice, we will offer you a copy of the notice then in effect.

OTHER USES OF YOUR MEDICAL INFORMATION Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose your medical information for reasons not discussed in this notice, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization. We are, however, required to retain our records of the care that we provided to you.

COMPLIANCE WITH GENERAL DATA PROTECTION REGULATION (GDPR) LifeBridge Health primarily conducts business in the United States. We comply with HIPAA laws and regulations as required by Federal and State law. We do not observe GDPR regulations enacted by the European Union (EU) or the European Economic Area (EEA) designed primarily for EU citizens.

QUESTIONS OR COMPLAINTS If you believe your rights have been violated, you may file a complaint by contacting LifeBridge Health's Privacy Officer in writing at the address at the bottom of this notice. You can also 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.**

LifeBridge Health, Inc.
c/o HIPAA Privacy Officer
10090 Red Run Blvd.
Owings Mills, MD 21117
Website: www.lifebridgehealth.org
Phone: 410-601-0973

THIS NOTICE APPLIES TO THE FOLLOWING ORGANIZATIONS

Atlee Hill Health & Rehabilitation Center
297 Stoner Avenue
Westminster, MD 21157

Nation's Infusion at Home, LLC
11521 Cronridge Drive
Owings Mills, MD 21117

Baker Rehab Group LLC
197 Thomas Johnson Drive, B
Frederick, MD 21701

Post-Acute Physician Partners, LLC
2434 W. Belvedere Ave.
Baltimore, Maryland 21215

HomeCare Maryland, LLC
10090 Red Run Blvd., 3rd Floor
Owings Mills, MD 21117

SurgiCenter of Baltimore, LLC
23 Crossroads Drive
Owings Mills, MD 21117

MNR Industries, LLC dba ExpressCare
5 Bel Air South Pkwy, Suite 1535
Bel Air, MD 21015

Pulse Medical Transportation
10715 Red Run Blvd., #110
Owings Mills, MD 21117

Nation's Home Medical Equipment, LLC
11515 Cronridge Drive
Owings Mills, MD 21117