



*Passion for caring.*

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## **Health Plan Notice of Privacy Practices**

**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.**

When this Notice says DCH or “we” or “us”, it refers to all Doctors Community Hospital’s Health Plans. Examples include dental plans, flexible spending accounts, employee assistance programs, etc.

### **Health Records**

In providing health plans or other services and products to you, we may obtain an enrollment form and other information in writing, by telephone or electronically from you, from DCH or other health benefits sponsors, such as name, address, phone number, social security number, date of birth, marital status and other demographic and dependent information, employment information or claims history. We also receive information from health care providers and others regarding your health plans and your coverage including health care claims and encounters, medical history, service requests and complaint and appeal information. This Notice will tell you about the ways in which we may use and disclose your health plan information. We also describe your rights and certain obligations we have regarding the use and disclosure of health plan information.

### **Your Rights Related to Health Plan Information**

As a plan participant at Doctors Community Hospital, you are entitled to complete confidentiality regarding your personal health plan information. You have the right to:

- ❖ Request restrictions on certain uses within DCH and disclosures outside DCH of your health plan information; however, the hospital is not required to agree with your request.
- ❖ Request access to your health plan information - with certain limitations imposed by federal and/or state law.
- ❖ Receive confidential communications from us.
- ❖ Inspect and obtain a copy of your health plan information. We may charge a fee.
- ❖ Request that your health plan be amended; however, the hospital may deny your request in certain circumstances.

- ❖ Know, with certain limitations, to whom and why your health plan information has been given, from or after April 14, 2004.
- ❖ Report a problem. If you feel that your privacy has been violated in any way, you have the right to file a complaint by contacting the Privacy Officer at Doctors Community Hospital (address and phone number below) and the Secretary of the Department of Health and Human Services. Doctors Community Hospital will not retaliate in any way if you file a report.

Note: An inmate does not have the right to this Notice.

#### **How to Exercise These Rights**

Submit your request in writing to the Privacy Officer at Doctors Community Hospital at the address below. We will respond to your request within the time limits as required by Federal or State law.

#### **Responsibilities of Doctors Community Hospital**

Doctors Community Hospital is required to maintain the confidentiality of health plan information. We must provide you with this Notice of Privacy Practices detailing our responsibilities and your rights regarding any documentation we maintain. If you would like more information regarding the privacy of your health plan information, please contact the Privacy Officer at Doctors Community Hospital (address and phone number below). We will not disclose your health plan information or use it for any purpose other than those contained in this Notice.

We will abide by the terms of this Notice. We may change the terms of this Notice at any time. Revised notices will be made available to you by mail within 60 days of the revision to the notice. The Notice of Privacy Practices in effect will be posted on our website at [www.DCHweb.org/employment/benefits](http://www.DCHweb.org/employment/benefits) and will be provided at time of employment.

#### **Use of Your Health Plan Information**

Your health plan information will be utilized for the following purposes. For each category of uses or disclosures, we will give some examples. Not every use or disclosure in a category will be listed.

##### **\* Treatment**

We will use and disclose health plan information to health care providers who are providing services to you. For example, enrollment of a new dependent will be provided to your health care provider in order for the new dependent to obtain treatment.

##### **\* Payment**

We may use and disclose your health care information to determine eligibility for coverage. For example, your health care provider may contact us to determine your eligibility for services.

### \* Health Care Operations

We will use and disclose your health plan information for operational purposes. For example, your information may be reviewed for benefit enhancement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

### \* Plan Sponsors

We may use and disclose your health plan information to permit health plan sponsors to perform plan administration.

### \* Individuals Involved in Your Care or Payment

We may release health plan information about you to a friend or family member who is involved in your medical care or who helps pay for your care, such as the plan participant of your health plan. For example, we may mail benefit plan information to the address on record for the plan participant.

### \* Business Associates

We contract with business associates to provide some services. An example is the benefits administrator. To protect your health information, we require the business associates to appropriately safeguard your information.

### \* Special Situations

We will use and disclose medical information about you:

- to facilitate organ and tissue donation;
- for specialized government functions, including the military, national security, criminal corrections and public benefit;
- for Workers' Compensation;
- for public health activities;
- to prevent and avoid a serious threat to the health or safety of the public or another person;
- for health oversight activities including, for example, audits, investigations, actions, inspections, and licensure;
- to notify government authorities of suspected abuse, neglect, or domestic violence;
- for law enforcement, or judicial or administrative proceedings;
- for lawsuits and disputes in response to a valid court or administrative order or in the course of defending ourselves;
- to medical examiners, coroners, or funeral directors; or
- in response to investigations by Department of Health and Human Services.

### \* Future Appointments

We have several initiatives to help our plan members take an active role in maintaining their health and which involve the use of your personal information to remind you about preventive care or about a health promotion program. To carry

out these activities, we may use information about you to send you information regarding your health plans or open enrollment. Your personal information may be utilized to contact you regarding future appointments.

#### \* [Alternative Treatments](#)

We may contact you to offer or inform you of alternative treatments or health-related benefits.

Except as described above, we will only disclose your health plan information with your written authorization, which you may revoke, in writing, at any time. We do not destroy health information when you terminate your coverage with us. It is necessary to use and disclose your information for many of the purposes described above even after your coverage terminates. However, the policies and procedures that protect that information against inappropriate use or disclosure apply regardless of your coverage status.

#### [Availability of Notice](#)

You will find this Notice of Privacy Practices posted publicly in the Human Resources Department of Doctors Community Hospital. You have the right to a paper copy of this Notice under law. This Notice is also available through our website at [www.DCHweb.org/employment/benefits](http://www.DCHweb.org/employment/benefits).

You will be provided with a copy of this Notice, at the least, on your first day of employment with DCH. Upon request, this Notice of Privacy Practices will be mailed to you.

Contact for additional information:

Privacy Officer  
Doctors Community Hospital  
8118 Good Luck Road  
Lanham, Maryland 20706  
301-552-8118

Effective as of April 14, 2004