



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 Doctors Community Hospital, its employees, volunteers and healthcare students when providing services in the hospital facilities, and certain hospital based physicians under contract with DCH when they provide services in the hospital facilities. Examples include the emergency department physicians, radiologists, anesthesiologists, critical care physicians, etc. Your private physician will have their own Notice, and it is not included when we say DCH or “we” or “us”.

Health Records

A record is kept for every visit you make to a hospital, physician's office, clinic, or other healthcare provider. This information, referred to as your health record, includes data concerning your diagnosis, symptoms, procedures, lab results, examinations, treatment, and many other details of your healthcare. This record is used by many health care professionals who participate in your care and treatment. Understanding your health care record, and how it is used by these individuals, will allow you to ensure the accuracy of documentation, as well as make informed decisions. Your original health record is the legal property of the hospital; however, you have the right to obtain a printed copy. This Notice will tell you about the ways in which we may use and disclose the medical information in your health record. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Patient Rights Related to Health Information

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

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

- ❖ Request that your health record be amended; however, the hospital may deny your request in certain circumstances.
- ❖ Know, with certain limitations, to whom and why your health information has been given, from or after April 14, 2003.
- ❖ 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 medical 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 record, please contact the Privacy Officer at Doctors Community Hospital (address and phone number below). We will not disclose your medical 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. The new Notice will apply to all health records we maintain at that time. The Notice of Privacy Practices in effect will be posted on our website at www.DCHweb.org and will be provided at time of registration.

Use of Your Medical Information

Your health care 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 medical information about you to provide you with medical treatment or services. For example, information obtained by your health practitioner in this hospital will be recorded in your health record and be used to determine the course of treatment that

should work best for you. This consists of your physicians recording their own expectations and those of others involved in providing your care. The sharing of your health information may progress to others involved in your care, such as specialty physicians or lab technicians.

* [Payment](#)

Your health care information will be used in order to receive payment for services rendered by us. For example, a bill may be sent to either you or a third party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.

* [Health Care Operations](#)

We will use and disclose your health information to run our hospital. For example, your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

* [Directory](#)

We may include certain limited information about you in our directory while you are a patient at the Hospital.

* [Individuals Involved in Your Care or Payment](#)

We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

* [Business Associates](#)

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

* [Research](#)

Under certain circumstances, the information in your health record may be disclosed to health care professionals and government agencies for the purpose of research and review.

* [Fundraising](#)

We may use your personal information to contact you regarding the hospital's fundraising activities.

* [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**

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 information with your written authorization, which you may revoke, in writing, at any time.

Availability of Notice

You will find this Notice of Privacy Practices posted publicly throughout Doctors Community Hospital, particularly in areas where health care services are provided. 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.

You will be provided with a copy of this Notice, at the least, on your first visit to DCH for healthcare services or as soon as possible after services are provided (for example, emergency situations). Upon request, this Notice of Privacy Practices will be mailed to you. You will be requested to provide written acknowledgement that you have received this Notice.

Contact for additional information:

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

Effective as of July 7, 2003