

Another licensed healthcare professional chosen by Union Hospital will review your request and the denial. We will comply with the outcome of the review.

**To Amend.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep your information. You must request an amendment in writing to the Medical Records Department, and must provide a reason for your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, or for other reasons contained in federal law. If we deny your request, you may submit a written statement disagreeing with the denial. We will keep your statement on file and distribute it with all future disclosures of the information to which it relates.

**To an Accounting of Disclosures.** Except for uses and disclosures of medical information for treatment, payment, and health care operations, you have the right to know who has accessed your confidential healthcare information and for what purpose by requesting an “accounting of disclosures.” This is a list of the disclosures of medical information about you, with exceptions permitted by law. The accounting will include the date of each disclosure, the name of the entity or person to whom the disclosure was made and that person’s address (if known), and a brief description of the information disclosed together with the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request in writing to the Union Hospital Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. We may charge you for additional lists. 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.

**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 healthcare 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 to restrict or limit our use or disclosure of information for our own treatment, payment or healthcare operations. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Union Hospital Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

**Right to Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. All reasonable requests will be granted. Contact the Privacy Officer if you require such confidential communications.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice by requesting a paper copy from the Union Hospital Privacy Officer in writing.

**COMPLAINTS** If you believe your privacy rights have been violated, you may file a complaint with Union Hospital or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, Washington D.C. 20201. To file a complaint with Affinity, contact the Corporate Compliance and Privacy Officer at the following address: Union Hospital, 106 Bow Street, Elkton, Maryland 21921. All complaints must be submitted in writing. All complaints will be investigated. You will not be penalized for filing a complaint.

You may contact our Privacy Officer at (410) 620-3714 for further information about any questions you may have about this Notice or your medical information.

If you have any questions about this notice, please contact Union Hospital’s Privacy Officer at (410) 620-3714.



106 Bow Street  
Elkton, Maryland 21921  
410-398-4000  
410-658-4757 (Rising Sun)  
302-731-0743 (Delaware)  
Fax: 443-406-1232  
[www.uhcc.com](http://www.uhcc.com)



# 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.

Effective Date: April 14, 2003

Revision Date: May 2, 2011



**WHO WILL FOLLOW THIS NOTICE.** When this Notice refers to “we” or “us”, it is referring to Union Hospital and each of the entities or persons listed below.

- All employees, staff and other Union Hospital personnel, including any member of a volunteer group we allow to help you while you are in an Union Hospital facility.
- All entities that are wholly owned by Affinity Health Alliance, Inc., including Union Hospital of Cecil County, Inc., and Triangle Health Alliance, LLC as well as all Affinity-owned physician practices. It does not refer to the private physicians who treat you before or after your stay at Union Hospital.

All of these entities, sites, and locations follow the terms of this Notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or health care operations purposes as described in this Notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION.** We understand that your medical information is personal and confidential, and are committed to protecting your medical information. We create a record of the care and services you receive at Union Hospital facilities to provide you with quality care and to comply with legal requirements. This Notice will tell you how we may use and disclose medical information about you, and describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private, and is used or disclosed only as described by this Notice or applicable law;
- Make this Notice of our legal duties and privacy practices with respect to your medical information available to you; and
- Follow the terms of the Notice that is currently in effect.

**CHANGES TO THIS NOTICE** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at various places in Union Hospital facilities and on Union Hospital’s web site. In addition, at any time you may request a copy of the current Notice in effect. The Notice will contain on the first page its effective date and latest revision date.

#### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose your medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

**For Treatment.** We will use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Union Hospital personnel who are involved in taking care of you at an Union Hospital facility. For example, a doctor treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We also may disclose medical information about you to people outside Union Hospital facilities who may be involved in your medical care after you leave the Union Hospital facility.

**For Payment.** We will disclose medical information about you to your insurance company, health plan or other person that pays for all or part of your care in order to bill and be paid for the treatment and services you receive at an Union Hospital facility. For example, we may give your health plan information about treatment you received at an Union Hospital facility so your health plan will pay us or reimburse you for the treatment, or 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.

**For Healthcare Operations.** We will use and disclose medical information about you for Union Hospital operations. These uses and disclosures are necessary to run Union Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review the treatment and services provided to you and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Union Hospital patients to decide what additional services Union Hospital should offer, what services are not needed, and whether certain treatments are effective.

**Hospital Directory.** We will include certain limited information about you in the Union Hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. If you do not want anyone to know this information about you, you must notify the Hospital at the time of registration, or indicate your preference to a care provider during your stay.

**Individuals Involved In Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care, or to notify a friend or family member that you are in the Hospital.

**Appointment Reminders.** We may contact you to remind you that you have an appointment at an Union Hospital facility.

**Treatment Alternatives or Health-Related Benefits and Services.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you, or we may contact you to tell you about benefits or services that we provide.

**Fundraising Activities.** We may use certain information (name, address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for Union Hospital or one of its entities. We may also provide this information to our institutionally related foundation for the same purposes. The money raised will be used to expand and improve the services and programs we provide the community.

**Business Associates.** We contract with business associates to provide some services. Examples include transportation services or the copy service used to make copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they may perform the job we have asked them to do. To protect your health information, however, we require the business associate to agree to appropriately safeguard your information.

**Health Information Exchange.** We currently participate in the Maryland State Health Information Exchange (HIE), the Chesapeake Regional Information System (CRISP) for our Patients, Inc. and may participate in other state or national HIE’s in the future.

As a participant in the HIE, we share information that we obtain or create about you with health care providers for treatment and public health purposes, as permitted by law. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions. You may opt-out of the HIE and prevent providers from being able to search for your information through the exchange. Even if you opt-out, a certain amount of your information will be retained by the exchange, and your ordering or referring physicians, if participating in an HIE, may access diagnostic information about you, such as reports of imaging and lab results. Also, your physicians, if participating in the HIE, still may use the HIE’s secure messaging services. You may “opt-out” and prevent searching for your health information through the HIE by following the information given to you about the HIE.

**Special Situations.** We may also release your medical information in any of the following circumstances:

**WRITTEN AUTHORIZATION** Except as described above, we will disclose your medical information only with your prior written authorization. You may revoke that authorization, in writing, at any time, unless we have taken action relying on your prior authorization or if you signed the authorization as a condition of obtaining insurance coverage.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU** You have the following rights regarding medical information we maintain about you:

**To Inspect and Copy.** You have the right to inspect and copy medical information about your care, except for psychotherapy notes and other mental health records under certain circumstances. To inspect and copy your medical information, you must submit your request in writing to the Medical Records Department at the address given at the end of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy medical information in certain very limited circumstances. If you are denied access to medical information, in most cases, you may request that the denial be reviewed.