

AHC's NOTICE OF PRIVACY PRACTICES

Effective Date: April 2021

Your Information. Your Rights. Our Responsibilities.



Adventist HealthCare understands that your medical information is personal and we are committed to protecting the privacy of your medical information. In the course of providing health care, we create a record of the care and services you receive in our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. Your personal doctor or other health care providers involved in your care may have slightly different policies or notices regarding their use and disclosure of your medical information created and/or maintained by them.

This notice of privacy practices describes how personal health and medical information about you may be used and disclosed and how you can get access to this information. The notice covers providers and staff at all Adventist HealthCare healthcare facilities.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

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| Get an electronic or paper copy of your medical record in the manner you select including your patient portal | <ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you at no charge. Most of our facilities offer secure patient portals for quick access to your health information. Ask us how to enroll in the patient portal. Some cost-based fees may apply. We will provide a copy or a summary of your health information, usually within 21 business days of your request. If unable to release information or if a delay is expected, we will notify you within 10 business days of reason for denial or delay. |
| Ask us to correct your medical record | <ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days. |
| Request confidential communications | <ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone, email), or to send your mail to a different address. We may say "yes" to all reasonable requests. |

Your Rights *continued*

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| Ask us to limit what we use or share | <ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment or our operations.<ul style="list-style-type: none">* We are not required to agree to your request, and we may say “no” if it would affect your care.• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.<ul style="list-style-type: none">* We will say “yes” unless a law requires us to share that information. |
| Get a list of those with whom we’ve shared information | <ul style="list-style-type: none">• You can ask for a list (accounting of disclosure) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any disclosures you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| Copy of the Notice of Privacy Practices | <ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may obtain a copy of this notice at our website at https://www.adventisthealthcare.com/patients-visitors/privacy-rights-responsibilities/ |
| Choose someone to act for you | <ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian or patient representative, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action. |
| File a complaint if you feel your privacy rights are violated | <ul style="list-style-type: none">• If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, contact us in writing at mail your complaint to AHC, Organizational Integrity Department Office, 820 W. Diamond Avenue, Suite 400, Gaithersburg, MD 20878. You will not be penalized for filing a complaint. If you have any questions about this notice, please contact Adventist HealthCare's Organizational Integrity Office at 301.315.3342• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:<ul style="list-style-type: none">U.S. Department of Health and Human ServicesOffice for Civil Rights200 Independence Avenue, SWWashington, DC 202011-877-696-6775www.hhs.gov/ocr/privacy/hipaa/complaints/ |

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Hospital Directory

In the case of Hospital Directory, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Share your religious affiliation to ministers or other clergy
 - Include your information in a hospital directory
 - Contact you for fundraising efforts
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share information about your condition (e.g. good, fair) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. Unless there is a specific written request from you, this directory information, except for your religious affiliation, may be released to people who ask for you by name. This information is released so your family, friends, and clergy can visit you and to let them know how you are doing.

Marketing & Health Information

We will not share, sell or post your information on social media

- We will not post PHI to social media, share or sell your information for **marketing** purposes unless you give us written permission to sell or market your information.
- We will not share psychotherapy, substance use records or other sensitive health information without your written permission or unless required by applicable law. You may revoke (withdraw) authorization, in writing, at any time.

Fundraising

For the purpose of fundraising, we may use the following:

- Your contact information, such as your name, address, phone number, the dates and department from which you received treatment or services at Adventist HealthCare, your treating physician's name, your treatment outcome and your health insurance status may be used for fundraising purposes.
- If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as "**opt-out**".

AHC's Uses & Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

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| To treat you | <ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you. | Example: A doctor treating you for an injury asks another doctor about your overall health condition. |
| To run our organization | <ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. | Example: We use health information about you to manage your treatment and services. |
| To bill for our services | <ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities. | Example: We give information about you to your health insurance plan so it will pay for your services. |
| For health related services | <ul style="list-style-type: none"> • We can use your health information to contact you about treatment choices, appointment reminders, or other services for you. | Example: We use health information to remind you of scheduled appointments. |

How else can we use or share your health information. We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We are required to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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| Help with public health and safety issues | <ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> * Preventing disease * Helping with product recalls * Reporting adverse reaction to medications * Reporting suspected abuse, neglect, or domestic violence * Preventing or reducing a serious threat to anyone’s health or safety |
| Do research | <ul style="list-style-type: none"> • We can use or share your information for health research. Such research projects must be approved by an institutional review board (IRB) which assures privacy of your information during any research study or active patient participation in a study. |
| Health Information Exchange | <ul style="list-style-type: none"> • We can share your health information with a Health Information Exchange (HIE) that includes participating hospitals and community health centers. Only providers directly involved in your care and public health authorities have access to the HIE data. You can tell us not to send your information to the HIE when you receive care or at a later time. See the "Health Information Exchange" section of this document to find out how you can opt-out of participating in the HIE. |
| Comply with Privacy, Security and Information Blocking Laws | <ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the state health department or the Department of Health and Human Services if we need to confirm we are complying with federal privacy and information blocking laws. |
| Respond to organ and tissue donation request | <ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. |
| Work with a medical examiner or funeral director | <ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| Address workers’ compensation, law enforcement, and other government requests | <ul style="list-style-type: none"> • We can use or share health information about you: <ul style="list-style-type: none"> * For workers’ compensation claims * For law enforcement purposes or with a law enforcement official * With health oversight agencies for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. * For special government functions such as military, national security, and presidential protective services |
| Respond to lawsuits and legal actions | <ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a request for medical records, subpoena or search warrant. |
| Business Associates | <ul style="list-style-type: none"> • To third parties referred to as “business associates” that provide services on our behalf, such as billing, software maintenance and legal services. |

Our Uses and Disclosures

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| How we may use and disclose HIV/AIDS information | <ul style="list-style-type: none">• We may use your medical records and information relating to HIV/AIDS so we can provide your care, assure payment for our services, and in administrative activities assure the quality of our care and safety of our workforce, physicians and other patients. We may disclose this information outside of Adventist HealthCare only with your written consent, except pursuant a court order, or as required by applicable law. |
| If you are an Inmate or Under Custody | <ul style="list-style-type: none">• We may release your medical information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution. |

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information. When you request release of your information (ROI) to another person or entity, we inform you of the re-disclosure laws. Part 2-Substance Abuse Records cannot be re-disclosed without written permission
- We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
- We must follow the duties and privacy practices described in this notice and give you a paper copy of this notice, if requested.
- We will not use, share or post your protected health information other than as described in this document 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. If information has already been shared by the time we receive your written statement to revoke authorization, it may be too late to cancel sharing your data

Unsecured Communication using Email and Text Messaging

If you choose to communicate with us or any of your AHC providers via unsecure electronic communication, such as regular e-mail or text message, we may respond to you in the same manner in which the communication was received and to the same e-mail address or account from which you sent your original communication. Before using any unsecure, electronic communication to correspond with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks. Additionally, you should understand that use of email is not intended to be a substitute for professional medical advice, diagnosis or treatment. Email communication should never be used in a medical emergency.

Privacy after Death: The federal Health Insurance Portability and Accountability Act (HIPAA) grants privacy protections to a person's medical information even after death. However, HIPAA also establishes that a patient's designated personal representative has a legal right to access the patient's records. AHC will provide the records to his or her designated personal representative if one exists.

Disclaimer:

No persons shall, on the grounds of race, color, religion, age, sex, national origin, ancestry, sexual orientation, gender identity, or disability, be excluded from participation in, be denied services, or otherwise be subjected to discrimination in the provision of any care or treatment.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, or on our web site <https://www.adventisthealthcare.com/patients-visitors/privacy-rights-responsibilities/>

WHAT ARE HEALTH INFORMATION EXCHANGES?

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. Information flowing through the HIE can also be made available to researchers with appropriate consent through a careful review and approval process. When you "opt-out" of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE and will not be able to use this information while treating you. Your information will not be available for research.

Your physician or other treating providers will still be able to select the HIE as a way to receive your lab results, radiology reports, and other data sent directly to them that they may have previously received by fax, mail, or other electronic communications. Additionally, in accordance with the law, Public Health Reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Controlled Dangerous Substances (CDS) information, as part of the Maryland Prescription Drug Monitoring Program, will continue to be available through the HIE to licensed providers. **Adventist Healthcare participates in four levels of health information exchange to include:**

- **Chesapeake Regional Information System for our Patients (CRISP) – State-wide health information database**
- **Commonwell - National Exchange of information**
- **ImmuNet-Maryland's Vaccine Database**
- **Adventist Health Information Exchange – Local exchange of information between AHC healthcare facilities**

CRISP-Chesapeake Regional Information System, is a statewide health information exchange. CRISP allows exchange of health information to assist health care providers and public health officials in making more informed treatment decisions by providing quick access to critical information that can improve coordination of your health care among multiple care providers.

CommonWell is a national network of participating practitioners that provides access to past and present medical information to make better clinical decisions and improved coordination of care across your care teams

ImmuNet is Maryland's Immunization Information System (IIS), a confidential and secure database that is HIPAA compliant. It stores an individual's vaccination records, and is a web-based tool for healthcare providers and schools to keep their patients/students vaccinated on time and avoid under or over vaccinated. (<https://www.mdimmunet.org/prd-IR/portallInfoManager.do>)

Adventist Health Information Exchange is a secure exchange of your health information among all AHC facilities and providers in an effort to improve care decisions, communication among providers and coordinated care. **Note: If you wish to opt-out of AHC's Health Information Exchange, you will automatically opt-out of CommonWell HIE>**

You have the right to opt-out of these HIE programs. If you choose NOT to participate in **Adventist Health Exchange, Commonwell** or **Immunet**, you can ask the registration staff about the opt-out process. If you choose to opt-out of any of the HIE programs, the registration staff can document your choice during the registration process. Please note that you must notify the registration staff at each physician office, urgent care and healthcare facility of your decision to opt-out of any the HIE programs. Should you decide to "opt-in" at a later date, you must notify all locations where you receive care of your decision to participate or opt-in.

You also have the right to "opt-out" of CRISP, which will prevent health care providers from accessing some of the information available through the exchange. However, even if you opt-out, a certain amount of your health information will remain in the exchange. Specifically, health care providers who participate in CRISP may continue to access certain diagnostic information related to tests, procedures, etc., that have been ordered for you (e.g., imaging reports and lab results), and they may send this information to other health providers to whom you have been referred for evaluation or treatment through CRISP's secure messaging services. You may opt-out of CRISP by calling 1-877-952-7477, or by submitting a completed OPT-OUT Form to CRISP by mail, fax or through their website at www.crisphealth.org. If you have any questions regarding the opt-out process for HIE, *please notify Adventist HealthCare's Organizational Integrity Office at 1-800-814-1434 or email us at oiip@adventisthealthcare.com.*
AHC

Your Patient Portal-How to Unenroll?

What is a patient portal? A patient portal is a secure online website that gives you convenient, 24-hour access to personal health information from anywhere with an Internet connection. Using a secure username and password, patients can view health information such as: recent doctor visits, discharge summaries, Medications, Immunizations, Allergies, Lab results. Some patient portals also allow you to: securely message your doctor, request prescription refills, schedule non-urgent appointments, check benefits and coverage, update contact information, make payments, download and complete forms and view educational materials. With your patient portal, you can be in control of your health and care. Patient portals can also save your time, help you communicate with your doctor, and support care between visits.

There are times that you may choose to un-enroll or deactivate you patient portal account. Please follow the instructions below to unenroll or deactivate your patient portal:

"myAdventist HealthCare Portal"-The Hospital Patient Portal, please call 877-621-8014 or email our local hospital support teams at:

- Adventist HealthCare Shady Grove Medical Center (SGHealthPortal@AdventistHealthCare.com)
- Adventist HealthCare White Oak Medical Center (WOMCHealthPortal@adventisthealthcare.com)
- Adventist HealthCare Rehabilitation (RehabHealthEPortal@AdventistHealthCare.com)

Radiology/Imaging Mosaic

- NextGen Portal-Imaging-/Radiation Oncology-Notify Imaging Applications Analyst at 301-315-3410 to un-enroll or deactivate your patient portal

E-Clinical Works (eCW)

- Healow Patient Portal-Notify each clinic or urgent care "Patient Portal Administrator" to un-enroll or deactivate your patient portal

CPSI

- Thrive Portal-My Medical Encounters-Notify the hospital registration or clinic staff and ask them to un-enroll or deactivate our patient portal account

Additional Information or Privacy, Disclosure and Right to Access

For more information on your privacy rights see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html, Maryland Code of Health-Confidentiality of Medical Records (4-302-2015) and <https://www.healthit.gov/topic/information-blocking>, 42 CFR 2.32 (Updated July 2020); see Confidentiality of Substance Use Disorder Patient Records, 85 Fed. Reg. 42986, 43037 (July 15, 2020), <https://www.federalregister.gov/d/2020-14675/p-644>.