



THE HSC HEALTH CARE SYSTEM

THIS NOTICE DESCRIBES HOW PERSONAL OR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.**

The HSC Health Care System (HSC) knows how important it is to keep your health information private. We want you to know that we will make sure that your personal information is used exactly how we say it will be used, according to the law and as we say in this notice. We have the right to change this notice at any time. The present notice can be found at [www.HSCHealth.org](http://www.HSCHealth.org) and you may request a copy at any time.

Different laws say different things about health information. “Health information” means information about you or your child’s health care. The term “personal information” means health information and any other information that we have received while providing benefits to you or your child, such as your address and Social Security number.

The law says we must give you this notice. It will tell you about the ways in which we may use health information about members. It tells about your rights. It also tells about our responsibilities in the use and disclosure of that information.

**PATIENTS/MEMBERS/CLIENTS HEALTH INFORMATION**

In providing health services, we may get health information from you, or other health care providers regarding the patient/member/client’s health care services and his/her coverage including health care claims and encounters. We also may get medical history that includes the results of tests and notes written by doctors and nurses, as well as your name, address and telephone number. Each time you receive services from The HSC Health Care System, a record of your care is made. This record has information like notes about the patient/member/client’s examination; symptoms, test results, diagnoses, treatment(s), or care coordination.

**HOW WE PROTECT THE CONFIDENTIALITY OF PERSONAL INFORMATION**

We protect patient/member/client health information by giving personal information about him/her only to those employees who need to know that information to provide products or services. We keep all personal information safe and secure.

We do need to send information to some people (like doctors or hospitals or other billing departments) without asking permission each time. We do that only when the law allows.

By law, the others can not tell anyone else about the information we give them about you or your child.

#### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The law says that we can use health information for “treatment,” “payment,” and “health care operations.” Here are some examples, (but the list doesn’t include every reason that information can be given):

- For Treatment:

We may give information to doctors, nurses, technicians, office staff or other personnel who provide services.

- For Payment:

We may use and give others health information about the patient/member/client when we need to decide on eligibility for coverage, coordinate care, review medical necessity, pay claims or review and respond to complaints. For example, while we work on claims, we get personal information about the patient/member/client to find out what services he/she actually received.

- For Health Care Operations:

We may use and give others the patient/member/client’s personal information for our health care operations. That may include quality improvement activities; accreditation; responses to inquiries; appeals and review programs. It may also be used for health promotion; case management and care coordination; and general administrative activities. Sometimes it may be used for auditing; administering pharmaceutical programs and payments; or in the facilitation of a sale, transfer or merger of all or a part of The HSC Health Care System with another organization. Our authorization form, which the patient/member/client or authorized caregiver is asked to sign, usually includes these activities.

- Other permitted or required uses or disclosures:

We may use or disclose health information about the patient/member/client without permission for the following reasons, allowed by law:

- To comply with responsibilities to federal or state oversight agencies who oversee health care. For example, sharing information with District of Columbia Department of Health inspectors.
- To researchers where all procedures required by law have been taken to protect the confidentiality of the data.
- To comply with a court order or other lawful process.
- To persons providing services to us who assist in treatment, payment and health care operations. They have to make sure that they will keep all information safe and secure.

- To let the patient/member/client and authorized caregiver know about treatment alternatives or health-related benefits or services.
- Sometimes, we are allowed by federal and state law to give an agency health information about the patient/member/client without authorization. An example would be information to protect victims of abuse or neglect, to avoid a serious threat to health or safety, to track diseases or medical devices. We may also inform military or veteran authorities if the patient is an armed forces member. We may give information to coroners, medical examiners and funeral directors or for worker's compensation, national security and anyone the law says we must give it to.
- We will give health information to organizations that handle organ, eye or tissue transplantation or to an organ donation bank. We will do that to make it easier for organ transplants and organ donation.
- We are allowed to use health information about the patient/member/client in a way that does not personally identify him/her.
- We may give health information about the patient/member/client to his/her family or friends if he/she agree to it in writing.
- To avoid a serious and imminent threat to health or safety.

If the patient/member/client or authorized caregiver make a request, we will tell the patient/member/client or caregiver what information was disclosed. We will also tell who got it and why.

#### OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or tell anyone about the patient/member/client's health information for any reason except the ones we have listed in the sections above unless we have the patient/member/client's written *Authorization*. We must obtain *Authorization* separate from any *Consent we have received from the patient/member/client in the past*. If we are given *Authorization* to use or disclose health information, the authorization may be revoked or stopped in writing, at any time. If the *Authorization is stopped*, we will no longer use or give anyone else information about the patient/member/client for the reasons covered by the written *Authorization*. We cannot take back any uses or disclosures already made with the patient/member/client or authorized caregiver permission.

If we have HIV or substance abuse information about the patient/member/client, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent we talked about* above). We will have to have both a signed *Consent* and a special written *Authorization*, according to law. There are special laws for HIV or substance abuse records.

All consents/authorizations must be obtained from the patient/member/client or authorized caregiver.

#### RIGHTS REGARDING HEALTH INFORMATION

Patients/members/clients or authorized caregivers have the following rights (not all inclusive) regarding health information:

- Right to look at and copy health information  
Patients/members/clients or authorized caregivers have the right to look at the medical record when accompanied by his/her attending doctor and ask for a copy of the medical record, except for psychotherapy notes or other limited circumstances. We need a written request from the patient/member/client before you may look at and/or receive a copy his/her health information. You may request an electronic copy of the medical record. A fee may be charged for the costs of copying, mailing or other associated supplies.
- Right to change the Record  
If the patient/member/client or authorized caregiver believes health information we have is not right, you may ask us to change the information. If we do not let you change the information, we will tell you why in writing.
- Right to an Accounting of Disclosures  
You have the right to request an "accounting of disclosures." This is a list of who we have given medical information about the patient/ member/client for purposes other than treatment, payment and health care operations. To get this list, the patient/member/client or authorized caregiver must submit a request in writing and state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will provide you with the list free of charge unless we have already provided you with a list within the same 12 month period. We will temporarily suspend a patient/member/client or caregiver's right to receive an accounting of disclosures in certain circumstances, as defined by law.
- Right to Request Restrictions (Limits)  
The patient/member/client or caregiver has the right to request a restriction or limitation on the health information we use or give someone else about the patient/member/client for treatment, payment or health care operations. The patient/member/client or caregiver also has the right to request a limit on the health information we give about the patient/member/client to someone who is involved in the care or the payment for it. Under the law, we do not have to agree to a requested restriction.
- Right to Confidential Communications  
Sometimes, the patient/member/client or caregiver has the right to request that health information be talked about in a particular place or in a certain way. We will agree to all reasonable requests.
- Right to a Paper Copy of This Notice  
The patient/member/client or caregiver has the right to a paper copy of this notice and may ask for it at any time.

#### CHANGES TO THIS NOTICE

We can change this notice, and make the revised or changed notice effective for medical information we already have about the patient/member/client. Or we can change it for any information we received in the future. We will post a summary of the current notice with

its effective date in the top right hand corner. The patient/member/client or caregiver can always get a copy of the notice currently in effect.

**FOR MORE INFORMATION OR TO REPORT A COMPLAINT**

If you believe that privacy rights have been violated, you may file a complaint with our Privacy Office or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to: 200 Independence Avenue, S.E., Washington, D.C. 20201, or call 1-877-696-6775. To file a complaint with our office: contact the HSC Privacy Officer at 202-466-2145 or at HSC Foundation, 2013 H Street, NW, Washington, DC 20006. By law, you will not be penalized for filing a complaint.