

Eastern Shore MediCann Clinic Notice of Privacy Practices (HIPPA)

We are required by law to maintain the privacy of your health information. We are also required to give you thing Notice about our privacy practices, legal obligations and your rights concerning your Protected Health Information (PHI). We must follow the practices that are described in this notice or amended versions of this Notice.

Permissible Uses and Disclosures Without Your Written Authorization. We may use and disclose PHI without your written authorization for purposes described below. These are examples of the types of PHI disclosures that are permissible under federal and state law.

- 1. Health Care Operations:** We may use PHI connection with our healthcare operations, including quality assurance activities, training programs, accreditation, licensing or credentialing activities.
- 2. Required by law:** We may disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI to proper authorities if we reasonably believe that you are the possible victim or abuse, neglect, domestic violence, or the possible victim of other crimes. We may also disclose PHI if necessary to avert serious threat to your health or safety, or the health and safety of others. Other disclosures permitted or required by law include disclosures for public health and health oversight activities, including disclosures to state or federal agencies authorized to access PHI, disclosures to law enforcement officials in response to a court order or other lawful process and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.
- 3. Follow-up Issues:** We may use and/or disclose PHI to contact you to advise you that we have follow-up information for you. The advice to call us may be left on a telephone answering machine, or sent via US mail. We will accommodate reasonable requests that we provide you with this information through alternative means.

Uses and Disclosures Requiring Your Written Authorization

- 1. Marketing Communications:** We must obtain your written authorization prior to using PHI for marketing purposes. If the marketing involves and financial compensation to us, the authorization must state that such compensation is involved.
- 2. Uses and Disclosures of Your Highly Confidential Information:** Federal and State law requires special privacy protections for certain highly confidential information about you. This includes PHI that is about: (1) mental health and development disability services (2) alcohol and drug abuse issues, (3) HIV/AIDS testing, diagnosis or treatment, (4) Venereal diseases, (5) Genetic testing, (6) Child abuse and neglect, (7) Domestic abuse of an adult with a disability, and/or (8) sexual assault. In order for us to disclose this highly confidential information for a purpose other than those permitted by law, we must obtain your authorization.
- 3. Other Uses and Disclosures:** Uses and disclosures other than those described in this notice will only be made with your written authorization. You may revoke such authorization at any time by providing us with written notification of the revocation.

Your Individual Rights:

- 1. Right to inspect and copy:** You may request access to your medical records and request copies of the records. All requests for access must be made in writing.
- 2. Right to Alternative Communications:** We will accommodate any responsible written request for you to receive PHI by alternative means of communication or alternative locations.
- 3. Right to Request Restrictions:** You may request a restriction on PHI use for healthcare operations. You must request any such restriction in writing.
- 4. Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by us.
- 5. Right to Request Amendment:** You may request that we amend your health information. Your request must be in writing, and it must explain **why** this information should be amended.
- 6. Right to Obtain Notice:** You have the right to obtain a paper copy of this Notice.

EFFECTIVE DATE AND CHANGES TO THIS NOTICE:

Effective Date: April 1, 2018

Changes to this Notice: We may change the terms of this Notice at any time. We may make the new notice terms effective for all PHI that we maintain, including information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our office and on our website www.easternshoremecann.com

Signed: _____

Date: _____

