



Centennial Medical Group/FirstCall Medical Center

www.firstcallmedicalcenter.com www.centennialmedicalgroup.com
410-730-3399

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created with Health Insurance Portability Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. A. OUR COMMITMENT TO YOUR PRIVACY:

Our practice is dedicated to maintaining the privacy of your Individually Identifiable Health Information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with notice of our legal duties and the privacy practices that we maintain in our practice concerning IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose you IIHI.
- Your privacy rights in your IIHI.
- Our obligations concerning the use and disclosure of you IIHI.

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will always post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our current Notice at any time.

A. B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

HIPAA Privacy Official
Centennial Medical Group
(410)730-3399 ext. 421

A. C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your IIHI.

- 1. Health Oversight Activities.** Our practice may disclose you IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 2. Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose you IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have tried to inform you of the request or to obtain an order protecting the information the party has requested.

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6230 Old Dobbin Lane Suite 230 Columbia, MD 21045

3. Law Enforcement. We may release IIHI if asked to do so by law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death, we believe has resulted from criminal conduct.
- Regarding criminal conduct at our office.
- In response to a warrant, summons, court order, subpoena, or similar legal process.
- To identify/locate a suspect, material witness, fugitive, or missing person.
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

4. Deceased Patients. Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information for funeral directors to perform their jobs.

5. Organ and Tissue Donation. Our practice may release your IIHI to organizations that handle organ, eye and tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue transplantation if you are an organ or tissue donor.

6. Serious Threats to Health or Safety. Our practice may use or disclose your IIHI when necessary to reduce or prevent a serious threat to your health or your safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

7. Military. Our office may disclose your IIHI if you are a member of the U.S. or foreign military forces (including veterans) or if required by the appropriate authorities.

8. National Security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IIHI to federal officials in order protect the President, other officials, or foreign heads of state, or to conduct investigations.

9. Inmates. Our practice may disclose IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institutional to provide healthcare services to you, (b) for the safety and security of the institution and/or (c) to protect your health and safety or the health and safety of other individuals.

10. Workers' Compensation. Our practice may release your IIHI for workers' compensation and similar programs.

A. D. YOUR RIGHTS REGARDING YOUR IIHI.

You have the following rights regarding your IIHI:

1. Confidential Communications. You have the right to request our office communicate about your health and related issues in a particular manner r at a certain location. For instance, you may ask us to contact you at home, rather than work. To request this type of communication, you must make a written request.

2. Right to File a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or Secretary of the Department of Health and Human Services. To file a complaint with our practice, you must submit your complaint in writing to HIPAA Privacy Official at:

**Premier Medical Management
6230 Old Dobbin Lane, Suite 230
Columbia, MD 21045**

You will not be penalized for filing a complaint.

3. Right to Provide Authorizations for Other Uses and Disclosures. Our practice will obtain your authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorizations you provide to us regarding the use and disclosure of your IIHI may be revoked anytime in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records for your care.

If you have any questions regarding this notice or our health information privacy policies, please contact the HIPAA Privacy Official at 410-730-3399 extension 421

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