



Mason-Dixon Mobile Medicine

www.masondixonmed.com

☎240.397.6723 📠833-992-0865

Time for a home visit?



Notice of Privacy Practices

This Notice of Privacy Practices (NPP) describes how medical information about you may be used and disclosed and how you can get access to this information. **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. You have the right to ...

Define your family. At *Mason-Dixon Mobile Medicine*, we firmly believe that you have the right to define your family however you see fit. Furthermore, we will do everything in our power to ensure that everyone involved in your medical care honors YOUR definition of family.

- ◆ Family of origin: The family of origin generally refers to the family you were born or adopted into, and frequently represents those with whom you shared a household during childhood and adolescence.
- ◆ Biological family: The biological family consists of those people with whom you share DNA, including your biological mother, father, and siblings.
- ◆ Family of choice: For many reasons, biological families and families of origin sometimes become separated or estranged. People in these situations sometimes develop close-knit bonds with others who may be experiencing similar circumstances. In many instances, people in these types of relationships consider each other to be family.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, 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.

Get an electronic or paper copy of your medical record. You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. State law defines the maximum allowable charges for paper copies of medical record.

Ask us to correct your medical record. 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 decline your request, but we'll tell you why in writing within 60 days.




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Request confidential communication. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will honor all reasonable requests.

Ask us to limit the information we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to honor your request, and we may decline 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 to not share that information for the purpose of payment or our operations with your health insurer. We will honor your request unless prohibited by law.

Get a list of those with whom we've shared your information. You can ask for a list (accounting) 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 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.

Receive a printed copy of this privacy notice. 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 promptly provide you with a paper copy.

File a complaint. If you feel your privacy rights have been violated You can complain if you feel we have violated your rights by contacting us using the information in the header and/or footer on this notice. We will not retaliate against you for filing a complaint. Refer to the following HHS website for specific information about how to file a complaint:
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Your Information.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information 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.

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. In these cases, you have both the right and choice to tell us to:




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- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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

Treatment. 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.

Business operations. 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.

Billing for services. 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 services we provide you.

Help with public health and safety issues. We can share health information about you for certain situations such as ...

- disease prevention
- helping with product recalls
- reporting adverse reactions to medications
- reporting suspected abuse, neglect, or domestic violence
- preventing or reducing a serious threat to anyone's health or safety

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director. 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. We can use or share health information about you in the following situations:




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- for workers' compensation claims
- for law enforcement purposes or with a law enforcement official
- with health oversight agencies for activities authorized by law
- for special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For research purposes. We can use or share your information for health research.

We will **never** share your information without your explicit written permission in these situations:

- ◆ marketing purposes
- ◆ sale of your information
- ◆ most sharing of psychotherapy notes
- ◆ fundraising efforts (but you can tell us not to contact you again)

CRISP. We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

Our Responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here 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.
- For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html




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Changes to the Terms of this Notice.

From time to time, we may change the terms of this notice. These changes will apply to all information we have about you. The new notice will be available upon request and on our website. Please contact the office at 240.397.6723, or email to info@masondixonmed.com if you have any questions.

For more information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.




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