THE ARC BALTIMORE
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS YOUR PHI. PLEASE REVIEW THIS NOTICE OF PRIVACY PRACTICES CAREFULLY.

The Arc Baltimore takes your privacy seriously and wants to inform you about the information included in your records, how your information is stored, and how your information is used to provide you with the highest quality supports and services.

A health record is made each time you visit a doctor, hospital or other health care provider. Your diagnoses as well as current symptoms, examination and test results, treatment plan and plan for future care are all documented. Per state and federal regulations, The Arc Baltimore is required to keep copies of your documented records on file and the information is also included in your Individual Plan (IP). At times, The Arc Baltimore may share your PHI with other stakeholders. These times are outlined below.

Treatment

Information regarding your health status will be obtained and utilized as part of your intake process and on an ongoing basis as The Arc Baltimore provides you support and implements your IP. Information will be gathered through your physician and other medical providers. These records of your diagnosis and treatment will be used to best design the supports and services you desire from the agency. The amount of coordination of your medical services will depend upon you and your team’s planning. The sharing of your information with other parties (Developmental Disability Administration (DDA), Office of Health Care Quality (OHCQ), and Resource Coordination etc.) will be done only as it relates to best services and supports for you or as required by regulation.

Payment

Your health care information, primarily your diagnoses, will be used in order to receive payment for the services provided by The Arc Baltimore through the Developmental Disabilities Administration, through Medicaid, or through DSS etc. A bill will be generated with accompanying information that identifies you, your diagnosis and services and supports provided.
Health Care Operations

The staff at The Arc Baltimore will use your health information to assess the supports you receive. Your information will be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the services The Arc Baltimore provides. Your information may be reviewed by representatives from the DDA, OHCQ, State Medicaid Agency (SMA), or Department of Social Services (DSS) if conducting monitoring visits or investigation of incidents, which The Arc Baltimore is required to report to them by regulation.

Business Associates

There will be times when The Arc Baltimore may share some or all of your health information with other parties who are assisting The Arc Baltimore. For example, a transportation company or a law office that is providing you a service. In these situations, The Arc Baltimore will require that the business associate follow the same privacy standards as it does through terms detailed in a written contract with the business associate.

Times when The Arc Baltimore shares your information without your signed permission:

- To government authorities in situations of abuse, neglect or domestic violence.
- Individual Plan and incident reporting in DDA’s web based database known as PCIS 2.
- For judicial or administrative proceedings.
- If required by law or law enforcement (including the reporting of communicable diseases, reportable incidents etc.).
- To coroners, medical examiners or funeral directors.
- For specialized government functions (such as national security and intelligence).
- To comply with workers compensation laws if you are injured at work.
- To a correctional facility if you are an inmate.
Specific Disclosures

Guardian
Your guardian will be given access to your health information in accordance with the law appropriate to that type of guardianship (full, property, medical, financial etc.).

Family Member/Close Friend
Using best judgment, a family member or close personal friend, identified by you, may be given information relevant to your services.

Appointment/Services/Marketing
Staff of The Arc Baltimore may contact you or your family with information about treatment alternatives or other health related benefits that may be appropriate for you.

Fundraising
Staff of The Arc Baltimore may contact you or your family as part of fundraising efforts or to inform you or your family of events taking place.

The Arc Baltimore Directory
Staff of The Arc Baltimore maintain a directory of individuals served by the agency. This list is used for internal purposes only. Your name or association with this agency will be disclosed only to individuals who are identified as part of your team, regulatory or funding bodies, or to others as you identify.

Interviewing Applicants
When you are hiring staff, The Arc Baltimore may share some of your private information with potential applicants in order to facilitate the best match between you and your perspective staff. However, you or the agency may not hire this person. Each applicant is asked to sign a statement that he/she will keep your information confidential regardless of the outcome of the interview process.
Your Rights

Your record is the property of the agency. However, your record is about you, so you have many rights around what happens with the information. You have the right to:

- Request restrictions on certain uses and disclosure of your information.
- Request that amendments be made to your health record.
- Review or obtain a paper copy of your health information.
- Be given an account of all times that The Arc Baltimore has given out your information without your authorization except for treatment, payment, healthcare operations or the special circumstances where your authorization is not required.
- Request communication of your health information be made by alternative means or to alternative locations.
- Other than activity that had already occurred, you may revoke any further authorization to use or disclose your health information.

Our Responsibilities

The Arc Baltimore is required to maintain the privacy of your information and to provide you with information about its legal commitment and privacy practices with respect to this information. The Arc Baltimore follows the terms of this notice and will tell you if it is unable to grant your requested restriction or desire to communicate your health information by alternate means or locations.

The Arc Baltimore may change its privacy practices from what is outlined here and The Arc Baltimore will notify you if changes are made. Other than for reasons described in this notice, The Arc Baltimore agrees not to use or disclose your health information without your authorization.

In accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act, The Arc Baltimore will inform you if there is a breach of any of your PHI.

What to do if you have a question or problem

For further explanation of this notice you may contact the Privacy Official, Aaron Atkinson at 410-296-2272 ext. 5540.

If you believe that your privacy rights have been violated, you have the right to file a complaint with The Arc Baltimore by contacting Aaron Atkinson.

All complaints will be investigated and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.
Notice of Privacy Practices Availability

The terms described in this notice will be posted in the main office and day programs sites. All individuals entering into services with The Arc Baltimore will be given a hard copy and staff will review the information as part of the intake process. In addition, on an annual basis, this information will be reviewed with each individual at the time of the Individual Planning Meeting. This notice will be maintained and available for downloading at the following web site address: www.thearcbaltimore.org.

Individual Comments:

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____________________________________  ________________________________________________

Individual Signature  Date

____________________________________  ________________________________________________

Guardian Signature (if appropriate)  Date

____________________________________  ________________________________________________

Personal Representative (if appropriate)  Date

____________________________________  ________________________________________________

Witness Signature  Date

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